

THE PARTNERSHIP FOR A SAFER LAKE COUNTY

Call to Action to End Violence in Lake County

July 2017

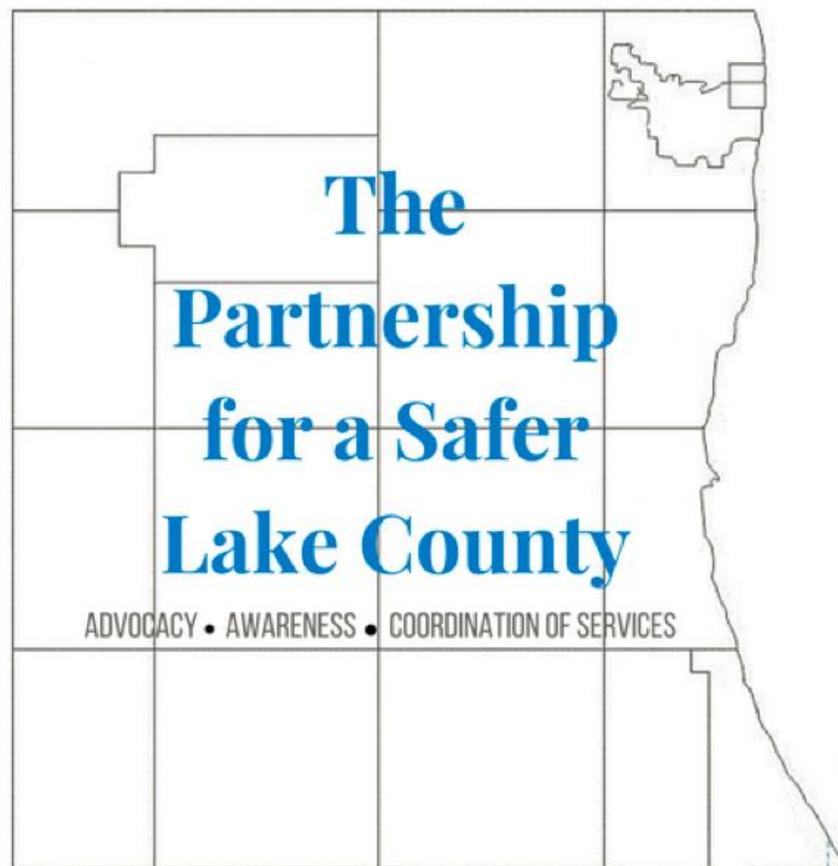


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I. Background

The Partnership for a Safer Lake County (The Partnership) was established in late 2015 with support from the Lake County Community Foundation. Leading Healthy Futures supported its implementation. In January 2017, The Partnership was comprised of 32 organizations and individuals committed to creating a multi-faceted network to combat child abuse, elder abuse, sexual assault, human trafficking, LGBTQ crimes, domestic violence, and more in Lake County, Illinois. This comprehensive coalition's mission states they are committed to ending violence in Lake County through public awareness, coordination of services, and advocacy. The Partnership members as of January 2017 are listed in Appendix 1.

The Partnership and its predecessor have worked to assess the extent of violence in Lake County, Illinois through several means.

Prior to the formation of The Partnership, a coalition of organizations concerned about violence engaged Leading Healthy Futures to assess the current state of violence in Lake County, Illinois. A report, External Environment Summary, attempted to quantify violence levels and was completed in May 2015. Its findings are integrated in the current report. At the same time, the coalition created an Inventory of Organizations and Government Offices Responding to Human Abuse and Violence in Lake County, Illinois. Links to the websites of organizations included in the Inventory as well as members of The Partnership as of January 2017 are included in Appendix 2 of this report. After its formation, The Partnership developed a matrix that compiled county-level state police data, state's attorney data, courthouse data, sheriff's office data, and social service agency data and concluded that another method of quantifying violence levels in the area was needed.

In 2016, Leading Healthy Futures conducted a literature review, included in Appendix 3, to determine the best way to assess violence incidence in any geographic region, and selected the method that was most suitable to the available resources of time and funding.

This work revealed several obstacles to collecting consistent, uniform violence data, discussed further in the executive summary:

- No comprehensive, single system for data collection exists in any jurisdiction, resulting in difficulties for data aggregation.
- Different agencies define and classify violence differently so that even in a single category of violence there are conflicting statistics.
- A third obstacle to the collection of violence statistics is underreporting.
- Inconsistencies in definitions can also lead to a fourth obstacle, double (or triple) counting, such as an instance of counting an incident as both rape and intimate partner violence.

The Partnership engaged Leading Healthy Futures to provide a broader look at the state of violence in Lake County. Given the limitations as stated above, the method selected was data analysis/extrapolation, supplemented with information from agencies and appending previous reports. In addition, the report was to include recommendations for relevant actions to support advocacy, program development, and raising financial support for ending violence in Lake County through public awareness, coordination of services, and advocacy.

The following organizations and individuals provided input to this report:

- Alexandra Beiriger, Zacharias Sexual Abuse Center

- Pat Davenport, A Safe Place
- Ron Hesselgrave, Stepping Stones Network
- Jamie Kephart, Civic Leader
- Betsy Lazerow, Jewish Child & Family Services of Chicago
- Evelyn Norman, Catholic Charities Senior Services of Lake County
- Laura Notson, Lake County Children’s Advocacy Center
- Carol Ruderman, SHALVA
- David Schmeissing, Allstate Foundation
- Donna Stevenson, Stepping Stones Network

II. Executive Summary

Purpose

This report, prepared by Leading Healthy Futures for The Partnership for a Safer Lake County, examines the state of violence in Lake County, Illinois. It is intended to provide a data-driven foundation from which The Partnership for a Safer Lake County can strategically plan its advocacy and programming to reduce violence and abuse in Lake County, Illinois.

Structure of the Report

This report is organized into two main sections reporting on data, “Estimated Prevalence of Violence in Lake County” and “Reported Violence in Lake County,” emphasizing the lack of available data, data reported by government offices, and the need to make estimates where actual reports are not available.

Each section reports on each type of abuse or interpersonal violence. For each of these, the document addresses definitions and estimates the scale of the problem in Lake County. To the extent possible, the definitions in each section of this document are based on Illinois law. Additional definitions are also offered to provide a comprehensive view into what constitutes each type of abuse or violence from the perspectives of survivors and professionals working in each field.

For most types of abuse or violence, this report presents a summary of changes over ten years across all ages, followed by a breakout of data by each age group.

The report also raises strategic questions to spark discussion and further work or advocacy for each issue. It also poses recommendations that emerged from considering the data and The Partnership’s purpose in building public awareness, coordinating services, and advocacy. Several of the recommendations are suited to respond to multiple issues the data raises, and are repeated throughout the report. The strategic questions and recommendations are presented in full in the Summary and in the final section of this report. A key resource for recommendations was the Ad hoc Victim Services Research report released in 2017 by Illinois Criminal Justice Information Authority. That report’s recommendations speak to what can be funded by the Violence Against Women Act (VAWA) and Victim of Crime Act (VOCA) funds.¹

The Appendices to the report include a Literature Review (Appendix 3) that illustrates limitations of violence data and other potential sources for a broader review of conditions. Another section, Find Help Lake County (Appendix 2), includes links to websites to assist readers in identifying sources of help.

Data sources

Earlier work for The Partnership confirmed concerns about difficulties in data collection. The shortcomings in the availability of data are described here, and further discussed in Methods below.

First, ***no comprehensive, single system exists*** to capture all – or even the vast majority of instances of violence in a community. Data must therefore be collected from a variety of different sources that employ different methodologies for data collection, thus yielding difficulties for data aggregation.

Second, ***different agencies define and classify violence differently***, which results in conflicting statistics even within a single category of violence, such as homicides. For example, in the United States, statistics on homicide rates show a 9 percent difference between Federal Bureau of Investigation (FBI) figures and the number of death certificates processed by the Center for Disease Control (CDC). The basic reason for the difference lies in the fact that the FBI does not count as homicides any deaths resulting from application of the death penalty or confrontations with law enforcement authorities. The CDC, however, counts deaths resulting from either of these sources as homicides.

A third obstacle to the collection of violence statistics is ***underreporting***. Deaths caused by violence may be inappropriately classified as accidental deaths. Similarly, hospital visits for injuries due to assaults may be misattributed as injuries due to accidents. In remote rural areas, people are less likely to visit a hospital even if they have been seriously injured due to an assault. And human trafficking is widely acknowledged to be severely underreported due to the underground nature of this activity.

Inconsistencies in definitions can also lead to a fourth obstacle, ***double (or triple) counting***, such as an instance of counting an incident as both rape and intimate partner violence. Double-counting can also occur when using multiple data sources; for example, the same incident can be counted by an injury database and a mortality database, should the victim later die from his/her injuries. No methods to determine the extent of overlap in these cases, nor remedies to ameliorate these instances, appear in the literature.

This report provides estimates of violence for 2004 and 2012-2014. In some cases, 2015 is included as well. Sources include the Centers for Disease Control and Prevention's (CDC) Web-based Injury Statistics Query and Reporting System (WISQARS),² which draws data from the National Electronic Injury Surveillance System (NEISS),³ CDC Wonder mortality data,⁴ and the National Violent Death Reporting System.⁵ Other violence prevalence data (from 2013-2014) is derived from the Federal Bureau of Investigations' Uniform Crime Reporting (UCR) system,⁶ and from the Illinois State Police.⁷ Violence data is categorized as assault/aggravated assault/aggravated battery, sexual assault/rape, and violent injury death/homicide/criminal homicide, and trends over time are examined by age groups.

This report includes data from Leading Healthy Futures' May 2015 report and now includes CDC epidemiologic data,⁸ FBI crime reporting data,⁹ and Illinois State Police data.¹⁰ Across these data sources, injuries and crimes committed with violence were categorized as follows:

1. Assault (CDC), aggravated assault (FBI), aggravated assault/aggravated battery (Illinois State Police);
2. Sexual assault (CDC), rape (FBI), rape (Illinois State Police);
3. Violent injury deaths (CDC), criminal homicide (Illinois State Police).

This report also includes data on Indicated cases of Child Abuse and/or Neglect for 2014-2015 as well from Illinois Department of Children & Family Services, and other recent studies to capture context, trends, and recommendations.

Findings

In general, violence in Lake County is decreasing, consistent with national trends. Exceptions may be in homicides: CDC shows a slight rise in violent injury deaths,¹¹ however, Illinois State Police shows a slight decrease.¹² In assault, Illinois State Police shows a slight increase,¹³ with CDC showing a decrease.¹⁴ Conflicting data render these trends hard to determine, but the overall landscape painted by the data demonstrates decreasing trends. These trends are in line with national data.¹⁵

While overall trends are downward, the number of people in Lake County who experience abuse or violence is staggering. (Citations are in the body of the report for each section.)

Assault

- For the ten-year period between 2004-2014, assault in Lake County declined steadily from approximately 384 to 292 per 100,000 residents.

Abuse of Adults with Disabilities

- Statewide 2014 data for Illinois shows that 18 percent of the abuse reports received involved persons age 18 to 59 with a disability.
- Financial exploitation is the type of abuse most frequently reported (54% of reports), and is highly associated with emotional abuse, reported in 43 percent of cases.

Child Abuse

- Cases where child abuse is indicated averages 378 per 100,000 minors annually for Lake County.

Domestic Violence

- More than 88,000 women in Lake County will experience domestic abuse in their lifetime.
- The Circuit Courthouse serving Lake County sees between 400 and 700 domestic violence cases each month, or the equivalent of 4,800 to 9,600 cases annually.

Elder Abuse

- The number of reported elder (age 60+) abuse cases in Lake County nearly doubled over the ten-year period, 2005 to 2015, rising from 163 to 307, a change of 88 percent.

Human Trafficking

- Trafficking data is among the most difficult to obtain. However, prostitution data provides some insight.
- 16,000 to 25,000 women and girls are involved in prostitution in Chicagoland annually, with one third getting involved in prostitution by the age of 15, and 62 percent by the age of 18.
- Yet, fewer than 1,800 prostitution-related arrests were made in the Chicago area between 2006 and 2011.

Sexual Assault

- As 1 in 4 youth are expected to face sexual assault before the age of 18, it is estimated that at least 45,678 youth are survivors of sexual assault and abuse in Lake County.

- Between 2004-2014, sexual assault across all age groups in Lake County declined from approximately 19 to 14 per 100,000 residents.

Violence Against and Within the LGBTQ Community

- Violence within and against the LGBTQ community affects all ages, races and genders. However, according to a national study, men and people of color as well as transgender people are at the highest risk for violence.
- Of the total victims, 54% were Black/African American, 15% Latino/Latina, 12% White, and 4% Native American. Transgender people were also disproportionately targeted, accounting for 53.8% of victims.

Summary of Strategic Questions

Strategic questions are included throughout the report to spark and focus discussions and guide potential advocacy efforts.

- What prevention strategies are relevant for each issue?
- What approaches are making a difference and lead to reduced incidence? Where can The Partnership learn lessons, share strategies, and create greater impact both within Lake County and perhaps in other counties?
- What other contributing conditions exist that may create the context for reduced incidence of assault or abuse?
- What conditions contributed to the recently reported increase in domestic violence-related homicides? What opportunities for response are indicated?
- What conditions contributed to the increase in elder abuse? Does the increase reflect a trend toward a new norm that softens resolve against this category of abuse? Do increased reports reflect greater awareness and willingness to report?
- Have there been changes in reporting protocols (metrics, frequency, manner) over the reporting periods shown that create an inexact picture of improved conditions in Lake County?
- What guidance do trend lines in currently available data provide in considering program responses and advocacy planning?
- What do data limitations suggest regarding changes in reporting systems, relationships, or accountability that can be promoted through advocacy efforts?
- Do differences in reporting systems at different levels of government impede closer understanding of the extent of the local problem?
- What community-wide data reporting solutions are prompted by these findings?
- What are the capacity issues for The Partnership and its individual members' needs for development, infrastructure, communications, and other concerns?

Summary of Recommendations

The self-perpetuating cycles of violence and abuse are widely recognized, in which survivors often become abusers. Additional contributing factors are poverty, social isolation, stereotypes, insufficient legal protections, insufficient funding for services and prevention, and a scale of responsive organizations that is dwarfed by the scale of the problem. For these reasons, The Partnership prioritized three areas of work: public awareness, advocacy and coordination of services.

There are critical actions that align with the issues this report explores related to individual needs, community needs, and concerns about data reporting. The Partnership's leadership role could be leveraged to *improve shared accountability and best practices in reporting across entities to better inform planning and response to violence*. Community-level interventions could build on the strengths of The Partnership in *convening experts and training others in the field*.

The multi-dimensional recommendations are:

Promote Prevention

1. The goal of public health is to prevent violence from occurring in the first place. A comprehensive violence prevention plan that includes LGBTQ individuals will assist in furthering a comprehensive understanding of intimate partner violence, sexual violence, and stalking.
2. Provide training to professionals, community members and front-line providers on preventing, recognizing, responding to and reporting abuse for every affected population at every age.
3. Empower caregivers including teachers, medical personnel and law enforcement to have conversations with potential victims and their caregivers that can contribute to protecting potential victims from harm.

Promote Awareness and Access

4. Raise the public's awareness of victim services, including those for adults with disabilities, children, survivors of domestic violence, the elderly population, and the LGBTQ community.
5. Increase victim access to immediate services.
6. Increase services for underserved victims of crime.

Address Core Needs

7. Address fundamental needs of crime victims.
8. Provide core direct services to victims of all crime types.

Offer Victim-Centered and Trauma-Informed Services

9. Develop and expand programs that address the impact of multiple victimization experiences.
10. Offer multidisciplinary responses to victimization.
11. Develop trauma-informed and trauma-focused services for victims of crime.
12. In order to address the burden of domestic violence among the LGBTQ population, laws that protect victims of domestic violence could explicitly include members of the LGBTQ community.

Fill Key Gaps

13. Address long-term victim needs, such as counseling and mental health services.
14. Develop programs that specifically address needs of individuals exposed to community violence.

Strengthen Implementation, Outcomes, Sustainability

15. Use evidence-informed (or promising) and evidence-based practices and programming.
16. Improve data collection and reporting, document victim outcomes, facilitate program evaluation, and increase knowledge of victimization and service provision in Illinois.

Support Law Enforcement

17. Train officers to accurately identify and document offenses in human trafficking.
18. Support investigations into human trafficking.

The CDC uses a four-level social-ecological model (SEM) to better understand and prevent violence. This model spells out factors that put people at risk for or protect them from experiencing or perpetrating violence. Their tool, *The Social-Ecological Model: A Framework for Violence Prevention*, identifies four levels – individual, relationship, community, and societal – that can be thought of as a level of influence and a key point for prevention. The model identifies risk factors and policy areas to increase protective factors at each level. Addressing key issues related to the fundamental description of the problem at each level – data collection and reporting as discussed in this report – can contribute to developing solutions, identifying funding opportunities, and strengthening relationships among allies.¹⁶

III. Methods

This document's purpose is to describe the overall conditions of nine types of abuse and violence in Lake County, Illinois. The document has been developed from knowledge among members of The Partnership's Steering Committee and analyses conducted by Leading Healthy Futures from publicly available sources. Planning committee members are community or organizational leaders from Lake County who serve human abuse victims and/or work on abuse prevention.

Sources

This report relies on multiple sources of data, in addition to reports from Lake County agencies that serve survivors of violence and their families. The data sources utilized are described below.

- Prevalence of violence in Lake County was estimated from national epidemiological surveillance sources collected within the Centers for Disease Control and Prevention's (CDC) Web-based Injury Statistics Query and Reporting System (WISQARS).¹⁷

WISQARS aggregates standardized national data on injuries that can be compared across demographic groups, states, and by mechanism (cause). WISQARS is an online database that provides fatal and nonfatal injury, violent death, and cost of injury data from a variety of sources including the National Electronic Injury Surveillance System (NEISS),¹⁸ CDC Wonder mortality data,¹⁹ and the National Violent Death Reporting System.²⁰
- Death data is compiled by CDC's National Center for Health Statistics²¹ and contains information from death certificates filed in state vital statistics offices and includes causes of death reported by attending physicians, medical examiners, and coroners. It also includes demographic information about decedents reported by funeral directors, who obtain that information from family members and other informants.
- Population data come from the United States Census Bureau.²² These data are based on information gathered in censuses and on estimation procedures conducted in non-census years.
- Summarized data as reported in the FBI's Uniform Crime Reporting (UCR) system.²³

Several annual statistical publications, such as the comprehensive *Crime in the United States* and the *County-Level Detailed Arrest and Offense Data* report, are produced from data provided by nearly 17,000 law enforcement agencies across the United States as part of the UCR. UCR data has been criticized on the grounds that it measures the reaction of law enforcement agencies rather than criminal behavior itself; however, for serious crimes such as homicide and robbery, studies have found that the data appear to accurately reflect rates.²⁴
- Lake County data as reported by the Illinois State Police.²⁵

Reported and estimated prevalence of violence in Lake County is compared to trends documented in the National Crime Victimization Survey.²⁶

At the time this report was in the final stages of completion, the Illinois Criminal Justice Information Authority released its “Ad Hoc Victim Services Committee Research Report.”²⁷ That study included interviews with survivors of violence and with community-based providers across Illinois. Some recommendations in the current report reflect the funding priorities recommended through this research.

Limitations of data sources

It is widely recognized that measuring the prevalence and impact of human abuse and violence can be difficult, and is sometimes nearly impossible, due to inaccessibility of information (e.g., total statistics of law enforcement records), or gross under-reporting (e.g., human trafficking). Also, this report is intended to serve as a first lens through which a wide range of human abuse and violence in Lake County may become visible.

Generally, data from CDC, FBI, and Illinois State Police do not provide age distinctions for incidents related to people with disabilities, child abuse, domestic violence, violence against LGBTQ populations, and elder abuse. However, CDC data were extrapolated according to age groups, which can provide some insight regarding potential trends in child and elder abuse in Lake County.²⁸ In addition, Illinois State Police data reported domestic abuse, hate crimes and human trafficking in 2013-2014; updates for 2015 were available and are included in this report. Some data are very limited and not consistently reported across all law enforcement jurisdictions, such as domestic gun homicides, for example. Only the cities of Chicago and Rockford report those figures to the FBI.²⁹ For other geographies in Illinois, only State-level data exists.

To this point, CDC epidemiologic WISQAR estimates³⁰ categorize violence by “assault, sexual assault, and violent injury death” (homicide). In comparison, FBI UCR data³¹ categorizes violence by “violent crime, rape, and aggravated assault,” and Illinois State Police³² categorizes violence by “criminal homicide, rape, and aggravated assault/aggravated battery.” These categories have points of overlap—for example, “rape” (FBI, State Police) is likely included in “sexual assault” (CDC), however it remains unclear whether “rape” (FBI, State Police) includes all methods of sexual assault. Similarly, it is unclear whether “assault” (CDC) fully includes the same crimes as “aggravated assault” (FBI) or “aggravated assault/aggravated battery.” And it is also unclear whether “violent injury death” (homicide, CDC) is the same as “criminal homicide” (State Police). Also, the Illinois State Police reports “hate crimes” and “school incidents;”³³ whether some, all, or none of these are violent is unknown, and whether violent incidents of these crimes were also reported under “aggravated assault” or elsewhere is also unknown.

These inconsistencies in classification contribute to the disparate violence figures reported and estimated across agencies and data sources for Lake County in 2014. Differing data collection methodologies may also contribute to disparate violence figures, and over- or under-counting may also contribute. For example, in 2014 the FBI UCR reported 24 rapes in Lake County,³⁴ while the Illinois State Police reported 145 rapes,³⁵ and CDC WISQARS estimates were 14 per 100,000 Lake County residents, or approximately 98 sexual assaults (population ~700,000).³⁶ Similarly, in 2014 the FBI UCR reported 36 aggravated assaults in Lake County,³⁷ while the Illinois State Police reported 599 aggravated assaults/aggravated batteries,³⁸ and CDC WISQARS estimates were 292 assaults per 100,000 Lake County residents, or approximately 2,044 assaults (population ~700,000).³⁹

Underreporting is most starkly evident in the example of human trafficking. This category of violent crime is widely acknowledged to be severely underreported due to the underground nature of this activity. Two of the three data sets utilized in this report neglect this category altogether, and while the Illinois State

Police has added this category to its data collection, the result was zero human trafficking crimes reported in 2014.⁴⁰ Anecdotal data such as news reporting indicate otherwise; however, quantitative data collection of this form of violence remains a challenge.

IV. Estimated Prevalence of Violence in Lake County

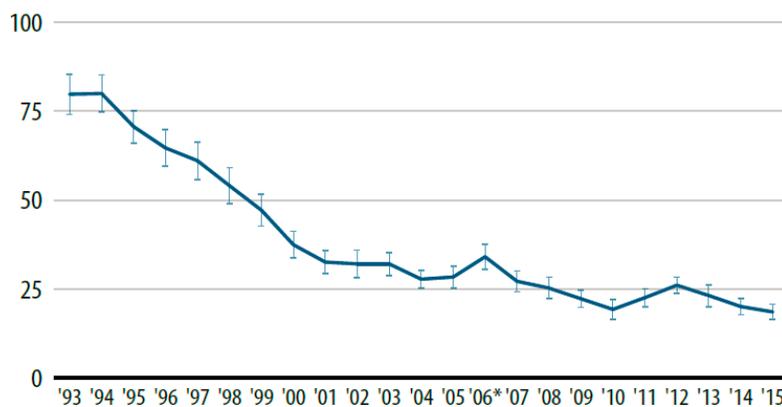
Prevalence of violence in Lake County was estimated from the CDC Web-based Injury Statistics Query and Reporting System (WISQARS)⁴¹ by conditioning on race/ethnicity, age, and poverty characteristics that are regionally similar.

National Crime Victimization Survey⁴²

The National Crime Victimization Survey, conducted by the CDC, illustrates a trend of decreasing violent victimization of Americans 12 and older between 1993-2015. These data are consistent with Lake County

Violent victimization, 1993–2015

Rate per 1,000 persons age 12 or older



Note: Estimates include 95% confidence intervals. See appendix table 1 for estimates and standard errors.

*See *Criminal Victimization, 2007* (NCJ 224390, BJS web, December 2008) for information on changes in the 2006 NCVS.

Source: Bureau of Justice Statistics, National Crime Victimization Survey (NCVS), 1993–2015.

trend estimates documented herein from CDC WISQARS that demonstrate declines in assault and sexual assault across all age groups between 2004-2014. However, CDC WISQARS estimates for violent injury deaths indicated trends of increasing incidence.

At the same time, the data shows that Lake County experiences high levels of violence as compared with other Illinois metropolitan counties.⁴³ Incident rates from one data source to another may suggest inconsistent approaches in definitions, underreporting, misclassification of cases, and faulty estimation techniques.

Assault

Definitions

Assault, confirmed or suspected, is defined in WISQARS as follows: Injury from an act of violence where physical force by one or more persons is used with the intent of causing harm, injury, or death to another person; or an intentional poisoning by another person. This category includes perpetrators as well as intended and unintended victims of violent acts (e.g., innocent bystanders). This category excludes unintentional shooting victims (other than those occurring during an act of violence), unintentional drug overdoses, and children or teenagers "horsing" around.

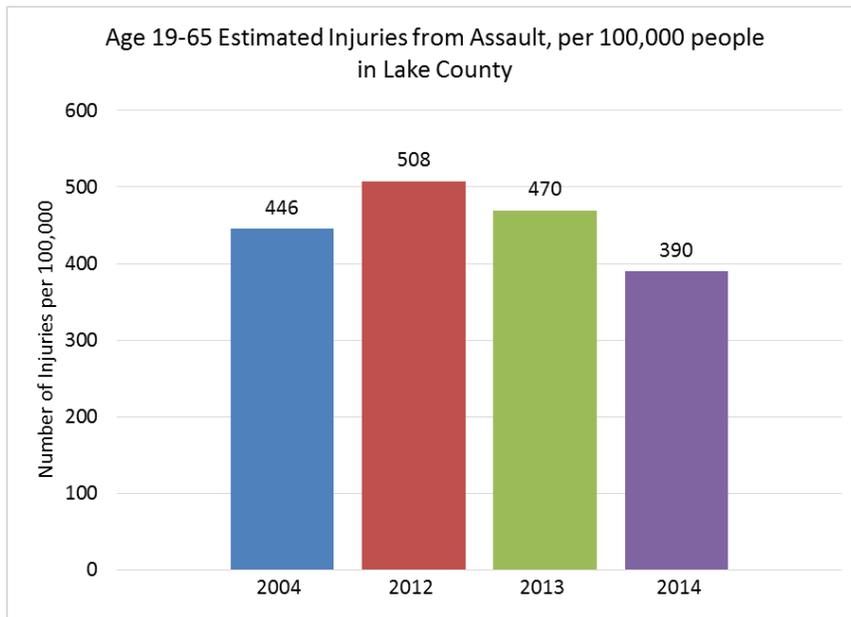
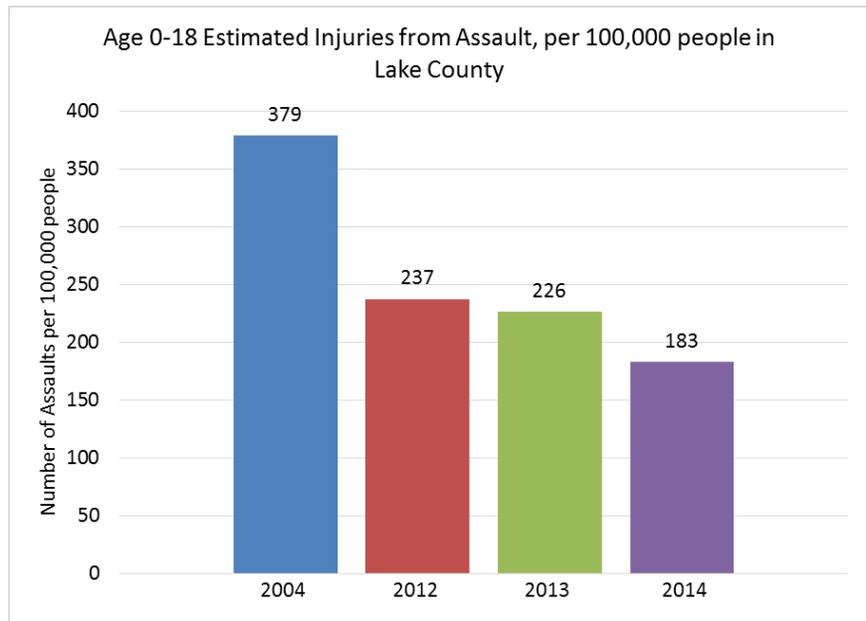
Assault – other, is defined in WISQARS as follows: This category includes a majority of the assaults and excludes cases where the reason for the assault was classified as sexual assault (as defined below). If the emergency department record did not indicate that the assault involved sexual assault, then it was coded as other assault.

Estimating the Scale of the Problem in Lake County

Across all age groups, WISQARS data shows that for the ten-year period between 2004-2014, assault in Lake County declined steadily from approximately 384 to 292 per 100,000 residents.

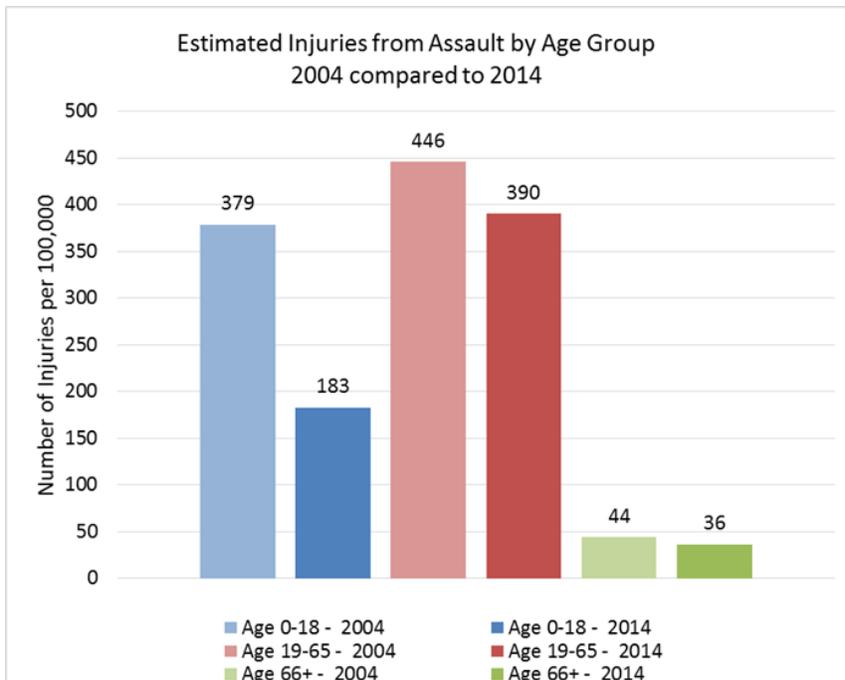
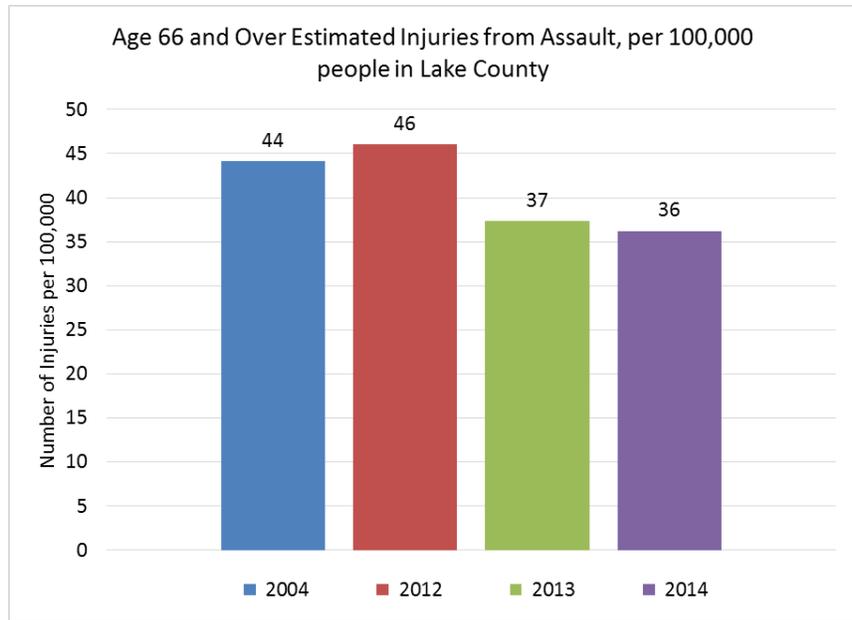
Assault, All Ages Lake County, 2004-2014				
Year	2004	2012	2013	2014
Number per 100,000	384.04	382.32	354.17	292.33

According to WISQARS, for individuals aged 0 to 18, in the ten-year period between 2004-2014, estimated injuries from assault declined from 379 to 183 per 100,000 in Lake County. The trend in the last three-year period also shows a decline, from 237 to 183 injuries from assault per 100,000 minors.



In the same period, WISQARS data shows a temporary increase in estimated injuries from assault among adults ages 19-65 in Lake County, from 446 to 508 per 100,000 people between 2004-2012. Subsequently, the data shows a steady decline to 470 injuries per 100,000 people in 2013, then a further decline to 390 injuries per 100,000 people ages 19-65 in Lake County in 2014.

Among Lake County citizens age 66 and over, estimated injuries from assault per 100,000 people showed a similar trend: a slight increase from 2004-2012, followed by a definite decrease in 2013 and a slight further decrease in 2014. Overall, the trend decreased from 44 estimated injuries in 2004 to 36 estimated injuries in 2014 per 100,000 Lake County citizens.



Overall, the WISQARS data indicates a trend of decreasing injuries from assault across all age groups between 2004-2014. The most dramatic decrease is shown among Lake County community members age 0-18, from 379 estimated injuries per 100,000 people in 2004 to 183 estimated injuries per 100,000 people in 2014.

Strategic Questions

- What prevention strategies are relevant for this issue?
- Have there been changes in reporting protocols (metrics, frequency, manner) over the reporting periods shown that create an inexact picture of improved conditions in Lake County?
- What approaches are making a difference and lead to reduced incidence? Where can The Partnership learn lessons, share strategies, and create greater impact both within Lake County and perhaps in other counties?
- What other contributing conditions exist that may create the context for reduced incidence?

Recommendations

- Address fundamental needs of crime victims.
- Provide core direct services to victims of all crime types.
- Develop and expand programs that address the impact of multiple victimization experiences.
- Develop programs that specifically address needs of individuals exposed to community violence.

Abuse of Adults with Disabilities

Definitions

State law defines seven ways in which adults with disabilities can be abused:

1. Physical Abuse: The infliction of physical pain or injury to an older person or adults aged 18-59 with disabilities.
2. Sexual Abuse: Touching, fondling, or any other sexual activity when the person is unable to understand, unwilling to consent, threatened, or physically forced.
3. Emotional Abuse: Verbal assaults, threats of abuse harassments, or intimidation so as to compel the person to engage in conduct from which she or he has a right to abstain or to refrain from.
4. Confinement: Restraining or isolating a person from anything other than medical reasons.
5. Passive Neglect: The failure by a caregiver to provide a person with the necessities of life including, but not limited to food, clothing, shelter, or medical care because of the failure to understand the person's needs, or lack of capacity to care for the older person or adults 18-59 with disabilities.
6. Deprivation: Willfully denying assistance to a person who requires medication, medical care, shelter, food, etc., therefore exposing that person the risk of harm.
7. Financial Exploitation: The misuse or withholding of a person's resources to advantage another, such as misuse of credit/ATM cards or stealing money or property.

According to the World Institute on Disability, abuse of adults with disabilities occurs when a family member, attendant, or helper:

- Gets into personal items without permission;
- Yells, screams, threatens or says insulting things, or makes negative comments about the person's disability;
- Steals money, checks, credit cards, medication, or other personal belongings;
- Shows up for work drunk or high;
- Neglects or ignores needs or withholds medication;
- Pressures a person to eat fast or go to bed early so he or she can leave;
- Prevents a person from controlling his or her wheelchair, phone or other equipment;
- Controls where someone goes, what they do, who they can see;
- Gossips, threatens, blackmails or manipulates;
- Hits, kicks, slaps, or hurts the person in any way, including rough handling;
- Pressures or touches someone sexually in unwanted ways; or
- Keeps a person from being as healthy or independent as he or she could be.

Estimating the Scale of the Problem in Lake County

According to rates extrapolated by Race and Ethnicity based on Bureau of Justice Statistics, 31.1 of every 1,000 people with disabilities in Lake County have been the victim of a violent crime. Per the census, there are 56,154 individuals in Lake County with a disability, or 8.7 percent of the population. These disabilities include: hearing difficulty, vision difficulty, cognitive difficulty, ambulatory difficulty, self-care difficulty,

and independent living difficulty. Of the total, 19,558 (slightly more than a third) have a cognitive disability.⁴⁴ This finding presents estimates of nonfatal violent crime (rape or sexual assault, robbery, aggravated assault, and simple assault) against persons age 12 or older with disabilities in Lake County.

Statewide 2014 data for Illinois shows that 18 percent of the abuse reports received involved persons age 18 to 59 with a disability. Victims generally experience more than one type of abuse. Financial exploitation is the type of abuse most frequently reported (54% of reports), and is highly associated with emotional abuse, reported in 43 percent of cases. Mandated reporting is reflected in figures shown in the Source of Abuse Reports, with 30 percent of cases reported by social workers or medical personnel. Self-reports were counted in 8 percent of all cases and were evaluation, and increase knowledge of victimization and service provision in Illinois.⁴⁵

Strategic Questions

- What prevention strategies are relevant for this issue?
- Do differences in reporting systems at different levels of government impede closer understanding of the extent of the local problem?
- What community-wide data reporting solutions are prompted by these findings?

Recommendations

- Raise the public's awareness of victim services, including those for adults with disabilities, children, survivors of domestic violence, the elderly population, and the LGBTQ community.
- Develop and expand programs that address the impact of multiple victimization experiences.
- Offer multidisciplinary responses to victimization.
- Improve data collection and reporting, document victim outcomes, facilitate program

Child Abuse

Definition

Illinois law, as summarized by the Illinois Department of Children and Family Services, defines child abuse as “the mistreatment of a child under the age of 18 by a parent, caretaker, someone living in their home or someone who works with or around children. The mistreatment must cause injury or put the child at risk of physical injury. Child abuse can be physical (such as burns or broken bones), sexual (such as fondling or incest), or emotional. Neglect happens when a parent or responsible caretaker fails to provide adequate supervision, food, clothing, shelter or other basics for a child.”⁴⁶

Under federal law, child abuse and neglect at a minimum is, “Any recent act or failure to act on the part of a parent or caretaker which results in death, serious physical or emotional harm, sexual abuse or exploitation;” or “an act or failure to act which presents an imminent risk of serious harm.”

While adults with developmental disabilities are sometimes included in laws or discussions pertaining to child abuse, for the purpose of this report, child abuse refers only to the illegal mistreatment of persons under 18 years of age.

Estimating the Scale of the Problem in Lake County

National estimates state one in three girls and one in six boys are victimized by the age of 18. Based on the total under-18 population in Lake County, this national rate would suggest as many as 30,323 girls and 15,162 boys experience child abuse annually in Lake County.^{47, 48}

The Fiscal Year 2015 Illinois Department of Children & Family Services report on Child Abuse and Neglect Statistics includes the County Distribution of Indicated Victims of Abuse and Neglect. The rate for Lake County is 8.4 per 1,000, with 1,620 Unique Children (the unduplicated count within the County), an increase over 2014 which was 1,210 Unique Children, a rate of 6.4 per 1,000. For comparison, Cook County's 2015 rate per 1,000 is 7.1. Thus, by 2015, at 8.4, Lake County's rate per 1,000 is slightly worse than Cook County's. For further comparison, in Central (12.5) and Southern (11.5) Illinois regions, rates of Indicated Child Victims of Abuse and/or Neglect per 1,000 are triple the rate in the Cook County-North Region that encompasses Lake County (3.7) in 2014. This trend persisted into 2015, with rates per 1,000 in Central (16.6) and Southern (15.1) Illinois regions, double the growing rate in the Cook County-North Region (5.0).⁴⁹ As stated in Lake County Health Department and Community Health Center's *Community Health Status Assessment*, cases where child abuse is indicated averages 378 per 100,000 minors annually for Lake County, while the figure is 455 for the State of Illinois annually from 2010 to 2015.⁵⁰

Strategic Questions

- What prevention strategies are relevant for this issue?
- What do data limitations suggest regarding changes in reporting systems, relationships, or accountability that can be promoted through advocacy efforts?

Recommendations

- Raise the public's awareness of victim services, including those for adults with disabilities, children, survivors of domestic violence, the elderly population, and the LGBTQ community.
- Increase victim access to immediate services.
- Offer multidisciplinary responses to victimization.
- Develop trauma-informed and trauma-focused services for victims of crime.
- Address long-term victim needs, such as counseling and mental health services.
- Improve data collection and reporting, document victim outcomes, facilitate program evaluation, and increase knowledge of victimization and service provision in Illinois.

Domestic Violence

Definitions

Domestic violence is a pattern of abusive behavior in any relationship that is used by one partner to gain or maintain power and control over another intimate partner. Domestic violence can be physical, sexual, emotional, economic, or psychological and include both actions and threats that influence another person. This includes any behaviors that intimidate, manipulate, humiliate, isolate, frighten, terrorize, coerce, threaten, blame, hurt, injure, or wound someone.

- **Physical Abuse:** Hitting, slapping, shoving, grabbing, pinching, biting, and hair pulling are types of physical abuse. This type of abuse also includes denying a partner medical care or forcing alcohol and/or drug use upon him or her.
- **Sexual Abuse:** Coercing or attempting to coerce any sexual contact or behavior without consent. Sexual abuse includes, but is certainly not limited to, marital rape, attacks on sexual parts of the body, forcing sex after physical violence has occurred, or treating one in a sexually demeaning manner.

- **Emotional Abuse:** Undermining an individual's sense of self-worth and/or self-esteem is abusive. This may include, but is not limited to constant criticism, diminishing one's abilities, name-calling, or damaging one's relationship with his or her children.
- **Economic Abuse:** Is defined as making or attempting to make an individual financially dependent by maintaining total control over financial resources, withholding one's access to money, or forbidding one's attendance at school or employment.
- **Psychological Abuse:** Elements of psychological abuse include, but are not limited to, causing fear by intimidation; threatening physical harm to self, partner, children, or partner's family or friends; destruction of pets and property; and forcing isolation from family, friends, or school and/or work.

Domestic violence can happen to anyone regardless of race, age, sexual orientation, religion, gender, socioeconomic background or education level. Domestic violence occurs in both opposite-sex and same-sex relationships and can happen to intimate partners who are married, living together, or dating.

Some of the different forms of abuse might not be as recognized by others (law enforcement, courts, society) as forms of domestic abuse. Most people assume abuse comes from a physical action.

Estimating the Scale of the Problem in Lake County

Nationally, domestic violence is an epidemic. Although many domestic violence cases go unreported for fear of further violence or other repercussions, the Centers for Disease Control reports that one out of every four women in America will be abused by an intimate partner at some point in their lives. In addition to being the leading cause of injury to women--a woman is beaten every 15 seconds--domestic violence can lead to depression, anxiety, panic attacks, substance abuse, and post-traumatic stress disorder. The cost of domestic violence to the U.S. economy exceeds \$5.8 billion annually, \$4.1 billion of which is for direct health care. Domestic violence accounts for nearly 2 million injuries, 1,300 deaths, and 18.5 million mental health care visits each year.⁵¹

With a population of 705,186 in Lake County,⁵² which is 53.9% female, the national average would indicate that more than 88,000 women in Lake County will experience domestic abuse in their lifetime. Lake County lacks a system for collecting and reporting domestic violence data. Anyone wishing to compile that data county-wide needs to file a Freedom of Information Act request with each individual police department. One piece of county-wide data is available, however: The Circuit Courthouse serving Lake County sees between 400 and 700 domestic violence cases each month, or the equivalent of 4,800 to 9,600 cases annually.

Domestic violence impacts the mental and physical health of survivors. Often beginning with simple acts of isolation and manipulation, abusive behavior frequently evolves into powerful psychological, emotional, physical, and financial abuse, and even murder.

Domestic violence not only affects those who are abused, but also has a substantial effect on family members, friends, co-workers, other witnesses, and the community at large. Children who grow up witnessing domestic violence are among those seriously affected by this crime. Frequent exposure to violence in the home not only predisposes children to numerous social and physical problems, but also teaches them that violence is a normal way of life, thus increasing their risk of becoming society's next generation of victims and abusers.

According to a 2010 webinar on the intergenerational effects of domestic violence presented by Rosalind J. Wright, M.D., scientific studies have shown adults and children who endure domestic violence have cortisol response levels similar to levels shown by Holocaust survivors and war veterans. Cortisol is part of the body's response to stress, and the correlation emphasizes the amount of psychological and physical stress of survivors and witnesses of domestic abuse. Counseling and therapy, including mental health services, are vital to survivors as they acknowledge and heal from their psychological scars.

The physical, emotional and psychological ramifications are enormous: intimate partner violence results in more than 18.5 million mental health care visits each year, according to the National Coalition Against Domestic Violence. Adults and children who live with domestic violence are often isolated by their abuser and frequently lack the resources they need to become safe and live free from abuse.

Children who witness abuse are also at grave risk even if they themselves are not abused, according to an increasing number of studies. Unless measures are taken to heal their trauma, these children are at high risk for behavioral and emotional problems in adulthood and also for perpetuating abuse on the next generation. Studies disagree on the rate at which children in the United States witness domestic violence between parents or other family members, but the majority of studies report epidemic levels, estimating that 25 percent to 33 percent of children witness violence in the home.⁵³ According to the national non-profit, Futures Without Violence, 11.1 percent of children are exposed to domestic violence annually.

Based on those national percentages, we can estimate that in Lake County, with a total population of 181,493 children under age 18, that approximately 47,000 to 60,000 children in Lake County will witness domestic abuse at some point during their childhoods. Further, in a single year, over 20,000 children in Lake County will witness domestic violence.

According to a recent study published by the Lake County Leadership Task Force, the need for mental health care in Lake County is acute. The report estimates that “. . . tens of thousands of county residents would clearly benefit from having access to care, yet do not receive it. The effects of untreated mental health problems include stress upon families who struggle to cope with untreated needs and, often, expensive societal costs in the future for illness that is not taken care of in the present.”

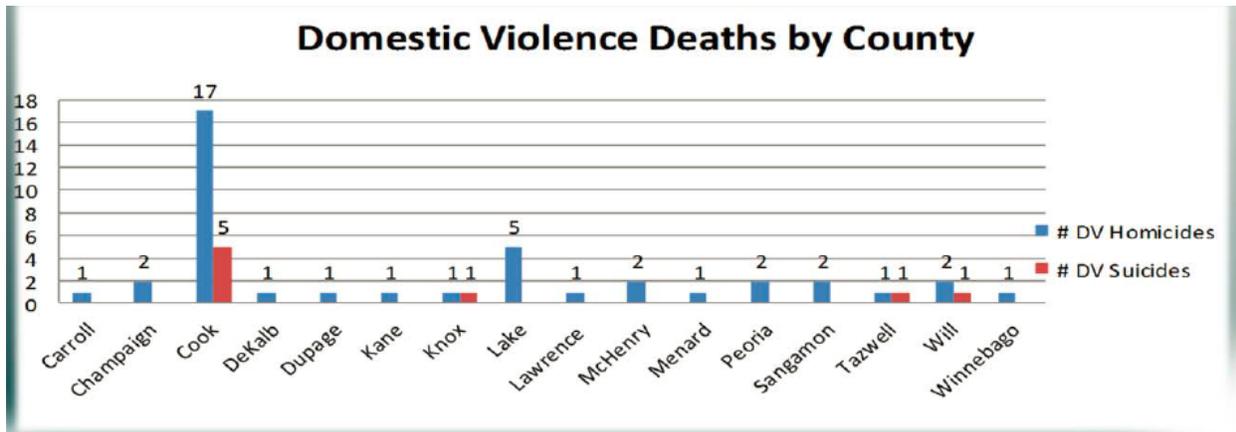
According to one analysis of national data on domestic violence, 60% identified of victims identified as Latina or Hispanic, 20% identified as Black, non-Hispanic and 14.4% identified as White, non-Hispanic. The vast majority, 87%, have lived in the US for over 5 years. Only 16% of victims were married, 30% were single, 30% were separated and 19% were divorced. Over 82% of the participants were financially responsible for children. Statistically, most domestic violence occurs against women ages 24-50 years of age.⁵⁴

Lake County will become increasingly challenged to provide services to victims of domestic abuse as the population of low-income residents rises. In recent years, Lake County has experienced a 176% increase in population living at or below poverty level,⁵⁵ without receiving additional funding for human services. This migration of low income households from Chicago and other parts of Cook County raises the demand for all human services in the county, including the demand for domestic violence services.

The rising number of Latino residents in Lake County, who according to 2014 US Census data make up 20.7% of the population, will also shape the demand for services. Many are immigrants and may not be fluent in English or aware of their rights under the law, which makes them less likely to report abuse or

seek out services. Those who are undocumented are especially at risk or remaining trapped in abusive relationships because of the fear of deportation. It will become increasingly necessary to provide services and outreach in Spanish and for providers to recognize the additional cultural barriers and practical obstacles, such as undocumented status, that prevent some Latinas from leaving abusive domestic relationships.

The Illinois Coalition Against Domestic Violence published its 2016 Domestic Violence Homicide Report in January 2017 which also indicated higher levels of domestic violence-related homicides in Lake County than in any other county with the exception of Cook County. This finding aligns with overall statewide violence trends.⁵⁶



Strategic Questions

- What prevention strategies are relevant for this issue?
- What conditions contributed to the recently reported increase in domestic violence-related homicides? What opportunities for response are indicated?
- What do data limitations suggest regarding changes in reporting systems, relationships, or accountability that can be promoted through advocacy efforts?
- Do differences in reporting systems at different levels of government impede closer understanding of the extent of the local problem?

Recommendations

- Increase victim access to immediate services.
- Improve data collection and reporting, document victim outcomes, facilitate program evaluation, and increase knowledge of victimization and service provision in Illinois.

Human Trafficking

Definitions

The federal Victims of Trafficking and Violence Protection Act of 2000 created the first comprehensive federal law to address human trafficking and modern-day slavery, targeting both domestic and international dimensions of this crime.⁵⁷ TVPA defines human (sex) trafficking as a “the recruitment, harboring, transportation, provision, or obtaining of a person for the purpose of a commercial sex act where such an act is induced by force, fraud, or coercion, or in which the person induced to perform such an act has not attained 18 years of age.” Domestic minor sex trafficking occurs when a U.S. citizen or

permanent resident minors (under the age of 18) are commercially sexually exploited. Children can be commercially sexually exploited through prostitution, pornography, and/or erotic entertainment.

Researchers and professionals addressing the issue of trafficking have observed that while there has been an increased focus on human sex trafficking in recent years, there is not a universal consensus regarding the definition of the sex trafficking of adults. Some definitions of sex trafficking imply that that it is possible to distinguish between “trafficking in women” and “forced prostitution” on the one hand, and “sexualized labor” that some women enter into freely.”⁵⁸

Estimating the Scale of the Problem in Lake County

In Lake County, it appears that sex trafficking is most heavily concentrated in and around the cities of North Chicago, Waukegan, and Gurnee, which also have the highest rates of gang activity. Some research indicates that as many as half of the gangs in the Chicago area are involved in sex trafficking. In addition, through personal interviews with the Chief of Police of North Chicago, leaders from Stepping Stones have learned that trafficking of minors through gangs is a major issue in that community. On the other hand, the presence of erotic massage parlors and other sexually related services throughout Lake County indicates that trafficking is also present elsewhere in Lake County, including the wealthier communities of Deerfield, Highland Park, and Lake Forest, as well as in the neighboring communities of Evanston, Skokie, and Mt. Prospect.

According to State Representative Barbara Wheeler, human trafficking is a lucrative business in northern Illinois. In this area, human traffickers are using the massage parlor industry as a cover and method for connecting sex trade customers with mostly East Asian women, both documented and undocumented, who are being forced to perform sex acts. Operators of these parlors locate in communities where zoning laws do not specifically address licensure, lighting, dress codes and hours of operation for massage parlors.

It is estimated that 50 percent of those who are trafficked are also engaged in the legal commercial sex industry. Data shows that sex trafficking flourishes most in places where legal sex-oriented businesses such as strip clubs, adult stores, escort services, and erotic massage parlors/spas are prevalent. Spas also serve as covers for illegal trafficking activities. An internet search found numerous postings on web sites such as backpage.com and rubmap.com that give names and reviews of businesses located in Lake County which provide erotic massages, escorts, and other sexually related services.

No statistics are available on the number of trafficking victims in Lake County. However, according to the Center for Impact Research in Metropolitan Chicago, 16,000 to 25,000 women and girls are involved in prostitution in Chicagoland annually, with one third getting involved in prostitution by the age of 15 and 62 percent by the age of 18.⁵⁹

Arrest data illustrates how ill-equipped law enforcement is to deal with the scope of the problem. Between 2006 and 2011, there were fewer than 1,800 prostitution-related arrests made in the Chicago area, according to statistics compiled by the Illinois Criminal Justice Information Authority. The data is broken down below for Chicago, Cook County exclusive of Chicago, and the Collar Counties.⁶⁰ Again, no data is available specifically for Lake County.

Sex-related Arrests in the Chicago Area, 2006-2011			
	Trafficking-related Arrests*	Prostitution-related Arrests	Arrests for Patronizing a Prostitute (2011)
Chicago	14	1,112	13
Cook County (Excluding Chicago)	15	510	21
Collar Counties (including Lake County)	3	149	29

*Persons arrested under the Trafficking of Persons and Involuntary Servitude Act of 2006

Data on calls to trafficking hotlines illustrate how few of the estimated 16,000 to 25,000 prostitutes in the Chicago area reach out for help. The Chicago area is served by two hotlines, the Illinois Trafficking Hotline and a 24-hour hotline operated by the Salvation Army/Chicago STOP-IT program. The Illinois Trafficking Hotline reported a total of 520 calls in 2012. Of those, 66 were crisis calls, 67 were for referrals, and the remainder were for tips, training, information, or other reasons. In 2011, STOP-IT handled 70 active cases—26 of which involved minors—and had direct contact with an additional 108 individuals, including 46 minors, who were suspected victims of human trafficking.

A 2007 study of Chicago-area victims of human trafficking suggests that women are in increasing danger the longer they remain in prostitution. Researchers surveyed 100 young women involved in the sex trade industry and controlled by an individual serving as a pimp. Of those, 83 were trading sex in Chicago and 35 were trading sex in the suburbs at the time of the interview. One third entered the sex trade between the ages of 12 and 14, and more than half entered at ages 16 or younger.

The study, conducted by the Law Center at DePaul College of Law in collaboration with the Illinois Criminal Justice Information Authority, found that “as the young women progressed through the lifestyle of prostitution, they had to have sex with more customers, travel to more locations, and were subject to more violence and coercion from their pimps.”⁶¹ Specifically:

- Two-thirds of study participants were regularly transported to various locations throughout the city, Chicago suburbs, and across state lines.
- Over half said that they were currently subject to coercion by their pimps and almost two-thirds of them said that at one point they had wanted to leave the sex trade. More than two-thirds said they were experiencing some level of violence from their pimps and nearly half reported forced sex.

The Internet and Sex Trafficking

The internet has become the primary platform for the buying and selling of sex. According to law enforcement throughout the U.S. individuals advertised online for commercial sex “are often made to appear that they are working independently, when in fact they are victims of sex trafficking more often than is recognized or understood.”⁶²

In January 2013, the Chicago Alliance Against Sexual Exploitation published a study entitled *Our Great Hobby: An Analysis of Online Networks for Buyers of Sex in Illinois*. The purpose of this study was to conduct a content analysis of postings from June 1, 2010 to August 31, 2010 on a popular website called the USA Sex Guide. This site has been described as one of the largest online forums for men who buy sex

in the United States. In this three-month period there were over 50 postings by men residing in Waukegan and Gurnee; and almost 100 postings by men living in Mt. Prospect, Evanston, and Skokie (or communities close to Lake County). While the men seeking sex on this website do not restrict their activity to the communities where they live, their postings (along with recent arrests by the Lake County sheriff in these same geographic localities) clearly indicate a fairly significant amount of commercial sexual activity in the areas of northern Lake County and the North Shore. Two of the significant findings of this particular study are that:

- “Men travel throughout Illinois to buy sex in a variety of venues, particularly throughout the Chicago suburbs;”⁶³ and
- Many of the prostituted women experience various forms of violence and provide sex against their will.

Youth and Sex Trafficking

The internet is also a major avenue through which youth are enticed by sexual predators, including traffickers. According to the National Center for Missing and Exploited Children:⁶⁴

- Ninety-three percent of children ages 12-17 go online;
- One in 25 children (or 4 percent) ages 10-17 received an online sexual solicitation where the solicitor tried to make offline contact; and
- Between 2004 and 2008 there was a 230 percent increase in the number of documented complaints of online enticement of children and 1,000 percent increase in complaints of child sex trafficking.

According to the 2010 census stats there are 56,719 children 10-14 years and 56,143 youth ages 15-19 in Lake County. Based on the national statistics described above, we estimate that between 3,500 and 4,000 minors in Lake County are being solicited on-line by sexual predators, including traffickers.

Missing children are at particular risk for being exploited by traffickers. In 2012 there were 26,422 reports of missing persons under the age of 18 in Illinois.⁶⁵ Of these, endangered missing juveniles and habitual runaways (which make up 6.7 percent and 17.6 percent of missing children respectively) are at highest risk of being trafficked. Among Illinois counties, Lake County has the fifth highest incidences of missing children, with 969 reported cases in 2012. Using statewide statistics on endangered juveniles and habitual runaways, approximately 230 (24 percent of missing children) were most at risk for being trafficked in 2012. It is not possible to determine how many of these are actual victims of trafficking.

Demographics of Human Trafficking Victims

Basic demographics of trafficking victims/survivors can be summarized as follows:

- The studies already referred to indicate that one-third of the women and girls in metropolitan Chicago who are victims of commercial sexual exploitation are prostituted by the age of 15 and almost two-thirds (62 percent) are involved in prostitution by the age of 18. The mean age of entry into prostitution is 16-17 years.
- Most victims/survivors of trafficking are female, but a growing number are boys and transgender adolescents. While awareness of commercial sexual exploitation of boys has paled in comparison to that of commercial sexual exploitation of girls recent studies indicate that high percentages⁶⁶ of commercially sexually exploited children in the U.S. are boys.⁶⁷

- Trafficking impacts persons of all races and income levels. However, minorities and the poor are disproportionately represented among trafficking victims. According to a Bureau of Justice statistics report, 77 percent of alleged victims of trafficking are people of color. The Polaris Project, a major anti-trafficking organization in the U.S., states that “the majority of trafficked persons come from vulnerable populations, including undocumented migrants, runaways and at-risk youth, oppressed or marginalized groups, and the poor; specifically, because they are easiest to recruit and control.” In the U.S., statistically speaking, people of color more often fit this criterion.⁶⁸
- Many victims are homeless women and children who are vulnerable to predators because they are in need of basic necessities including shelter, food, and clothing. Nationwide, and in Chicago, the single greatest predictor of entry into prostitution is running away or being homeless as a youth, especially if that homelessness occurs before the age of 16. Once on the street or homeless, these persons will engage in survival sex or trading sex to meet basic survival needs, such as a place to stay and food to eat, or to feed an addiction.⁶⁹
- Often foreign-born victims are recruited with false promises of legitimate employment such as modeling. Once they arrive, their documents, including passports, are confiscated.
- There is little research on the impact of trafficking on individuals with disabilities in the United States. Yet, people with physical or intellectual disabilities are very likely to be forced into sex or labor trafficking. This vulnerable population remains one of the groups most at risk of being trafficked.⁷⁰

Recent research that included a case study of human-trafficking reporting in Illinois identified the challenges that local police agencies face in reporting human trafficking. This work emphasized the importance of improving and enabling official human-trafficking reporting systems to include strategies such as accurately identifying offenses, training officers, and supporting investigations. It also recognized most victims will probably not come to the attention of the police, keeping baseline numbers lower than the actual incidence.⁷¹

Strategic Questions

- What prevention strategies are relevant for this issue?
- What do data limitations suggest regarding changes in reporting systems, relationships, or accountability that can be promoted through advocacy efforts?
- Do differences in reporting systems at different levels of government impede closer understanding of the extent of the local problem?
- What community-wide data reporting solutions are prompted by these findings?

Recommendations

- Train officers to accurately identify and document offenses in human trafficking.
- Support investigations into human trafficking.
- Provide core direct services to victims of all crime types.

Elder Abuse

Definitions

Illinois' Elder Abuse and Neglect Program defines elder abuse as the following:⁷²

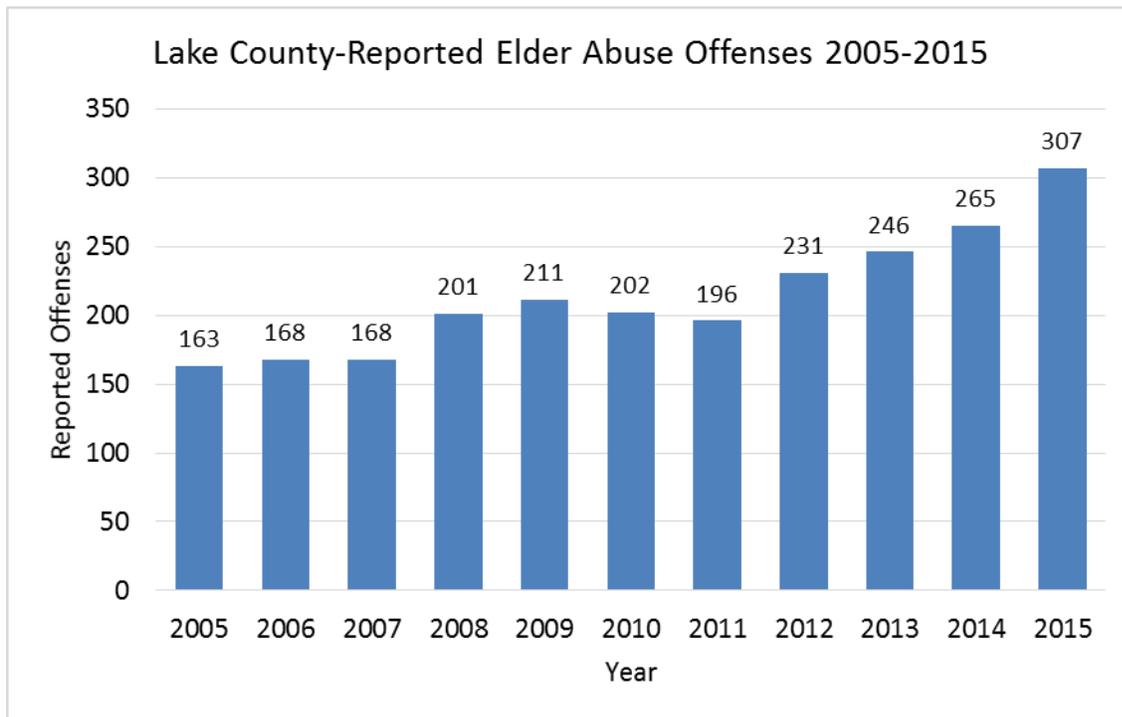
- Physical abuse means inflicting physical pain or injury upon an older adult;

- Sexual abuse means touching, fondling, intercourse, or any other sexual activity with an older adult, when the older adult is unable to understand, unwilling to consent, threatened or physically forced;
- Emotional abuse means verbal assaults, threats of abuse, harassment or intimidation;
- Confinement means restraining or isolating an older adult, other than for medical reasons;
- Passive neglect means the caregiver’s failure to provide an older adult with life’s necessities, including, but not limited to, food, clothing, shelter or medical care;
- Willful deprivation means willfully denying an older adult medication, medical care, shelter, food, a therapeutic device or other physical assistance, and thereby exposing that person to the risk of physical, mental or emotional harm— except when the older adult has expressed capacity to understand the consequences and an intent to forego such care; and
- Financial exploitation means the misuse or withholding of an older adult’s resources by another, to the disadvantage of the elderly person, or the profit or advantage of someone else

According to the CDC, elder abuse is any abuse and neglect of persons aged 60 and older by a caregiver or another person in a relationship involving an expectation of trust. Elder abuse may include physical abuse, sexual abuse, neglect, exploitation, emotional abuse, abandonment, or self-neglect.

Estimating the Scale of the Problem in Lake County

The number of reported elder (age 60+) abuse cases in Lake County nearly doubled over the ten-year period, 2005 to 2015, rising from 163 to 307, a change of 88 percent.⁷³



The census shows the number of elderly persons⁷⁴ in Lake County as follows:

Population Age 60+ and Above, Lake County	Number of Persons
Total Population Age 60+	122,088
Total Age 60-69	67,277
Total Age 70-79	33,230
Total Age 80+	21,581

The United States Department of Justice released a report in 2015 that captured the views of experts in the field of elder abuse concerning the priority needs for research. The report's overall recommendations echo the call for action that this report captures concerning measuring the problems of elder abuse and financial exploitation; examining interventions to effectively prevent or treat the problems; and identifying causes and risk factors, as well as consequences, for each type of abuse and exploitation.⁷⁵

Strategic Questions

- What prevention strategies are relevant for this issue?
- What conditions contributed to the increase in elder abuse?
- Does the increase reflect a trend toward a new norm that softens resolve against this category of abuse?
- Do increased reports reflect greater awareness and willingness to report?

Recommendations

- Improve data collection and reporting, document victim outcomes, facilitate program evaluation, and increase knowledge of victimization and service provision in Illinois.
- Raise the public's awareness of victim services, including those for adults with disabilities, children, survivors of domestic violence, the elderly population, and the LGBTQ community.
- Develop and expand programs that address the impact of multiple victimization experiences.

Sexual Assault

Definitions

Northwestern University Women's Center provides the following summary of Illinois law regarding sexual assault.

Definition: Sexual penetration by force or threat of force or an act of sexual penetration when the victim was unable to understand the nature of the act or was unable to give knowing consent. (720 ILCS 5 Criminal Code of 1961 §12-13). Illinois law defines sexual penetration as: Any contact, however slight, between the sex organ or anus of one person by an object, the sex organ, mouth, or anus of another person, or any intrusion, however slight, of any part of the body of one person or of any object into the sex organ or anus of another person, including but not limited to cunnilingus, fellatio, or anal penetration. Evidence of emission of semen is not required to prove sexual penetration (720 ILCS 5 Criminal Code of 1961 §12-12(f)).⁷⁶

Sexual activity requires consent, which is defined as voluntary, positive agreement between the participants to engage in specific sexual activity. Consent to sexual activity can be communicated in a variety of ways, but one should presume that consent has not been given in the absence of

clear, positive agreement. While verbal consent is not an absolute requirement for consensual sexual activity, verbal communication prior to engaging in sex helps to clarify consent. Communicating verbally before engaging in sexual activity is imperative. However potentially awkward it may seem, talking about your own and your partner's sexual desires, needs, and limitations provide a basis for a positive experience. Consent must be clear and unambiguous for each participant at every stage of a sexual encounter. The absence of "no" should not be understood to mean there is consent. A prior relationship does not indicate consent to future activity.⁷⁷

A person who is asleep or mentally or physically incapacitated, either through the effect of drugs or alcohol or for any other reason, is not capable of giving valid consent. The use of alcohol or drugs may seriously interfere with the participants' judgment about whether consent has been sought and given.⁷⁸

In 2012, the FBI's definition of sexual assault was updated to include sexual assault against males and to recognize situations where the victim was drugged or unable to give consent.

Sexual assault is defined in WISQARS as an assault as defined above that also involves:

- The use of physical force to compel another person to engage in a sexual act against his or her will, whether the act is completed or not;
- Attempted or completed sex act involving a person unable to:
 1. understand the nature of the act,
 2. decline participation, or
 3. communicate unwillingness to participate for whatever reason; or
- Abusive sexual contact: intentional touching, either directly or through the clothing, of the genitalia, anus, groin, breast, inner thigh, or buttocks of any person against his or her will or of a person who is unable to consent (e.g., because of age, illness, disability, the influence of alcohol or other drugs) or refuse (e.g., due to the use of guns or other non-bodily weapons, or due to physical violence, threats of physical violence, real or perceived coercion, intimidation or pressure, or misuse of authority).

This category includes rape, completed or attempted; sodomy, completed or attempted; and other sexual assaults with bodily force, completed or attempted.

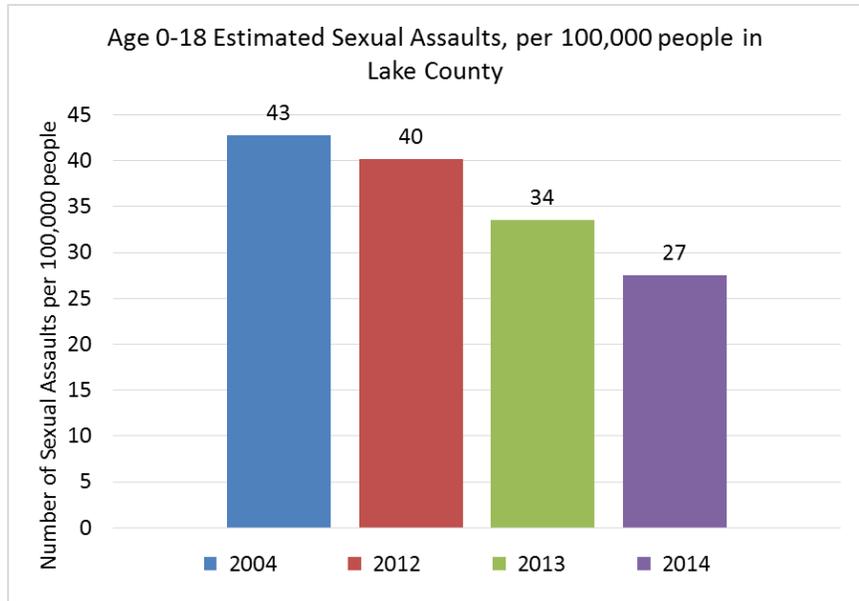
Estimating the Scale of the Problem in Lake County

Lake County has a population of 705,186, and of that number, 182,712 are under 18. As 1 in 4 youth are expected to face sexual assault before the age of 18. Based on this rate, it is estimated that at least 45,678 youth in Lake County will face sexual assault and abuse by the time they reach the age of 18.

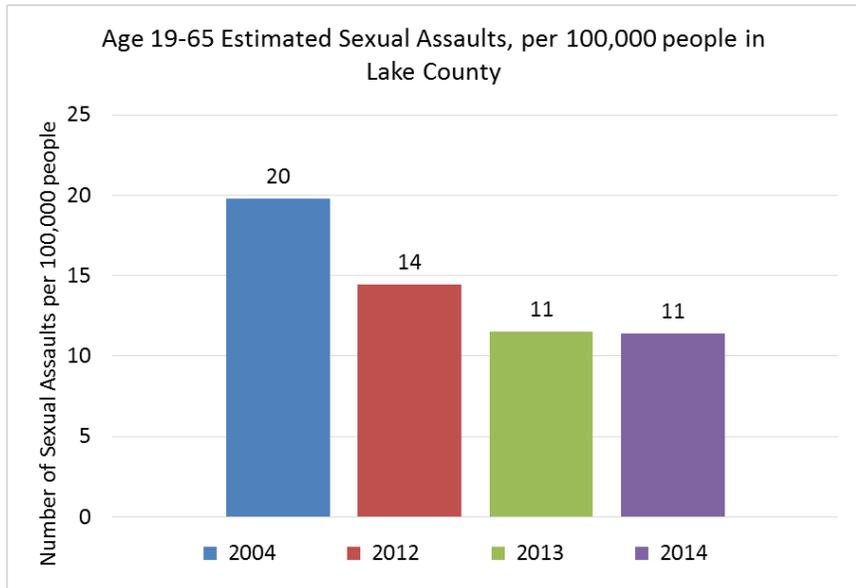
Across all age groups, WISQARS data shows that for the ten-year period between 2004-2014, sexual assault in Lake County declined from approximately 19 to 14 per 100,000 residents.

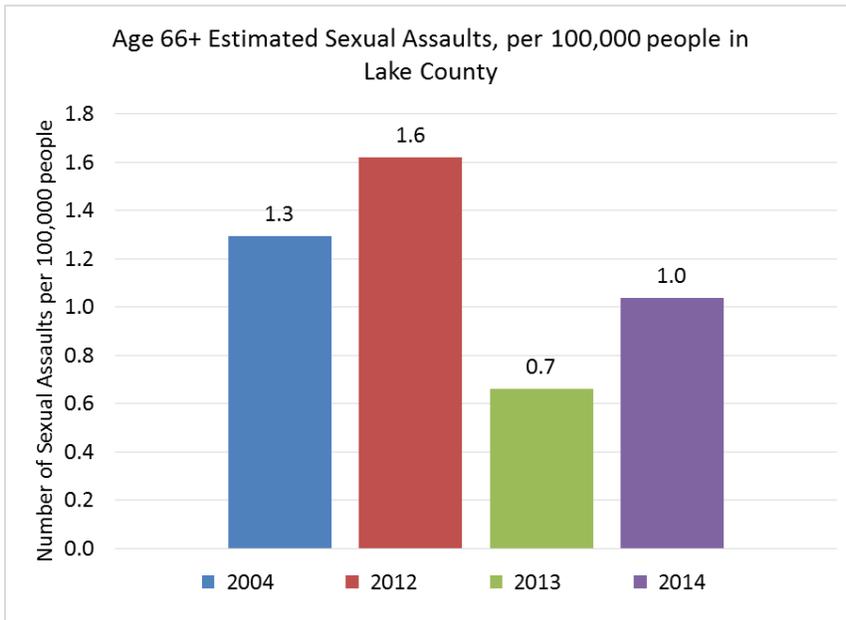
Sexual Assault, All Ages, Lake County, 2004-2014				
Year	2004	2012	2013	2014
Number per 100,000	19	19	16	14

According to WISQARS, in the ten-year period between 2004-2014, estimated sexual assault declined from 43 to 27 per 100,000 people ages 0-18 in Lake County. The trend in the last three-year period also shows a decline, from 40 to 27 sexual assaults per 100,000 people ages 0-18 in Lake County.

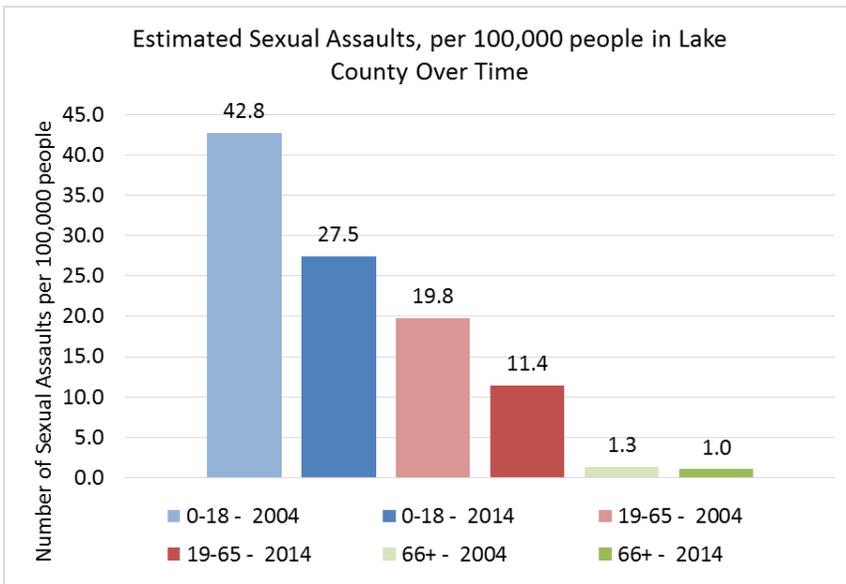


In the period of 2004-2012, WISQARS data shows a decrease in estimated sexual assaults among people ages 19-65 in Lake County, from 20 to 14 per 100,000 people. Subsequently, the data shows a further decline to 11 sexual assaults per 100,000 people in 2013, then held steady at 11 per 100,000 people ages 19-65 in Lake County in 2014.





Among Lake County citizens age 66 and over, estimated sexual assault per 100,000 people showed a slight increase from 2004 to 2012, followed by a definite decrease in 2013 and a slight increase again in 2014. Overall, the ten-year period between 2004-2014 trend decreased from 1.3 sexual assaults in 2004 to 1.0 sexual assaults in 2014 per 100,000 Lake County citizens age 66 and over.



Overall, the WISQARS data indicates a trend of decreasing sexual assault across all age groups between 2004-2014. The most dramatic decrease is shown among Lake County community members age 0-18, from 43 estimated sexual assaults per 100,000 people in 2004 to 28 estimated injuries per 100,000 people in 2014.

Strategic Questions

- What prevention strategies are relevant for this issue?
- What other contributing conditions exist that may create the context for reduced incidence of assault or abuse?
- Have there been changes in reporting protocols (metrics, frequency, manner) over the reporting periods shown that create an inexact picture of improved conditions in Lake County?
- What guidance do trend lines in currently available data provide in considering program responses and advocacy planning?

Recommendations

- Improve data collection and reporting, document victim outcomes, facilitate program evaluation, and increase knowledge of victimization and service provision in Illinois.
- Address fundamental needs of crime victims.
- Provide core direct services to victims of all crime types.

Violence Within and Against the LGBTQ Community

Definitions

According to the Center for American Progress, domestic violence among same-sex couples occurs at similar rates as domestic violence among straight couples.⁷⁹ The definition of abuse in LGBTQ relationships is similar to that of domestic violence but carries additional risks for victims and obstacles to prosecuting offenders, and so is considered here as a separate category of abuse. These additional risks and obstacles occur because:

- Gay or lesbian batterers may threaten to "out" their victims to colleagues, family, and friends. This threat is amplified by the sense of extreme isolation among gay and lesbian victims since some are still closeted from friends and family, and have fewer civil and legal rights protections;
- Lesbian and gay victims are more reluctant to report abuse to legal authorities. Survivors may not contact law enforcement agencies because doing so would force them to reveal their sexual orientation or gender identity;
- Gay and lesbian victims are also reluctant to seek help out of fear of showing a lack of solidarity among the gay and lesbian community. Similarly, many gay men and women hide their abuse out of a heightened fear that society will perceive same-sex relationships as inherently dysfunctional; and
- Gay and lesbian victims are more likely to fight back than are heterosexual women. This can lead law enforcement to conclude that the fighting was mutual, overlooking the larger context of domestic violence and the history of power and control in the relationship.

Estimating the Scale of the Problem in Lake County

Violence within and against the LGBTQ community affects all ages, races and genders. However, according to a national study, men and people of color as well as transgender people are at the highest risk for violence.

A 2012 report by the National Coalition of Anti-Violence Programs documents 2,016 incidents of anti-LGBTQ violence in 2012 (a slight 4% decrease from 2011), and highlights a number of disturbing multi-year trends of severe anti-LGBTQ violence. LGBTQ people of color were 1.82 times as likely to experience physical violence compared to white LGBTQ people, and gay men were 1.56 times as likely to require medical attention compared to other survivors reporting. The report also found that transgender people were 1.67 times as likely to experience threats and intimidation compared to LGBTQ non-transgender survivors and victims. "Though the recent spate of hate violence incidents in New York City has captured the media's attention, this report demonstrates that severe acts of violence against gay men, transgender people and LGBTQ people of color are, unfortunately, not unique to Manhattan nor to the past month, but rather part of the troubling trend in the United States," said Chai Jindasurat, NCAVP Coordinator at the New York City Anti-Violence Project.

The same report found that LGBTQ people murdered in 2012 because of their sexual orientation were overwhelmingly people of color. Of the total victims, 54% were Black/African American, 15% Latino/Latina, 12% White, and 4% Native American. Transgender people were also disproportionately targeted, accounting for 53.8% of victims.

Transgender people and particularly transgender people of color are also at elevated risk of police violence. According to the report, transgender people were 3.32 times as likely to experience police violence compared to non-transgender people. Transgender people of color were 2.46 times as likely to experience physical violence by the police compared to white non-transgender people.

A 2013 study published by the CDC reported that:

- Bisexual women had significantly higher lifetime prevalence of rape and sexual violence other than rape by *any perpetrator* when compared to both lesbian and heterosexual women;
- Bisexual women had significantly higher lifetime prevalence of rape, physical violence, and/or stalking by *an intimate partner* when compared to both lesbian and heterosexual women; and
- Lesbian women and gay men reported levels of intimate partner violence and sexual violence equal to or higher than those of heterosexuals.⁸⁰

Impact of Intimate Partner Violence

This same 2013 study found that LGBT individuals experience similar impacts from these acts of violence compared to heterosexual women:

More than half of bisexual women (57.4%), a third of lesbian women (33.5%), and more than a fourth of heterosexual women (28.2%) who experienced rape, physical violence, and/or stalking by an intimate partner in their lifetime reported at least one negative impact (e.g., missed at least one day of school or work, were fearful, were concerned for their safety, experienced at least one post-traumatic stress disorder symptom).

This study noted that estimates of negative impact of intimate partner violence for gay and bisexual men were based upon numbers too small to calculate a reliable estimate; therefore, were not reported.

It was reported in 2013 that communities were lacking in resources for LGB victims of intimate partner violence, sexual violence, and stalking. While there are approximately 2,000 domestic-violence shelters (National Network to End Domestic Violence, 2011) in the United States, only a small fraction have programs designed specifically for lesbian survivors of intimate partner violence.⁸¹ The number of services available to gay and bisexual men is even more limited.⁸² A critical need exists for services and resources for LGB victims of intimate partner violence, sexual violence, and stalking.⁸³

Strategic Questions

- What prevention strategies are relevant for this issue?
- What guidance do trend lines in currently available data provide in considering program responses and advocacy planning?

Recommendations

- In order to address the burden of domestic violence among this population, laws that protect victims of domestic violence could explicitly include members of the LGBTQ community.
- The goal of public health is to prevent violence from occurring in the first place. A comprehensive violence prevention plan that includes LGBTQ individuals will assist in furthering a comprehensive understanding of intimate partner violence, sexual violence, and stalking.

Violent Injury Deaths

Definitions

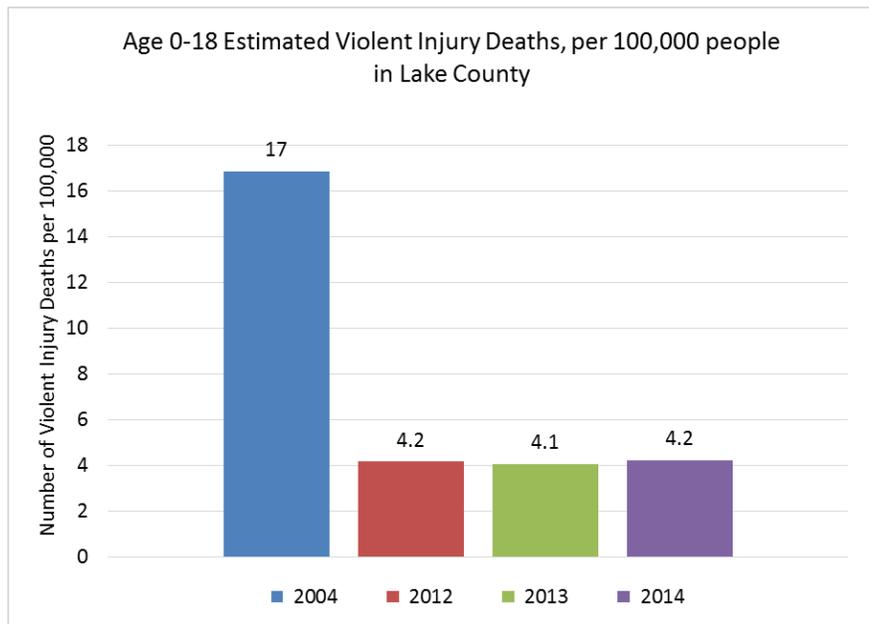
Homicide is defined in WISQARS as: Injuries inflicted by another person with intent to injure or kill, by any means. Excludes injuries due to legal intervention and operations of war. Justifiable homicide is not identified in WISQARS.

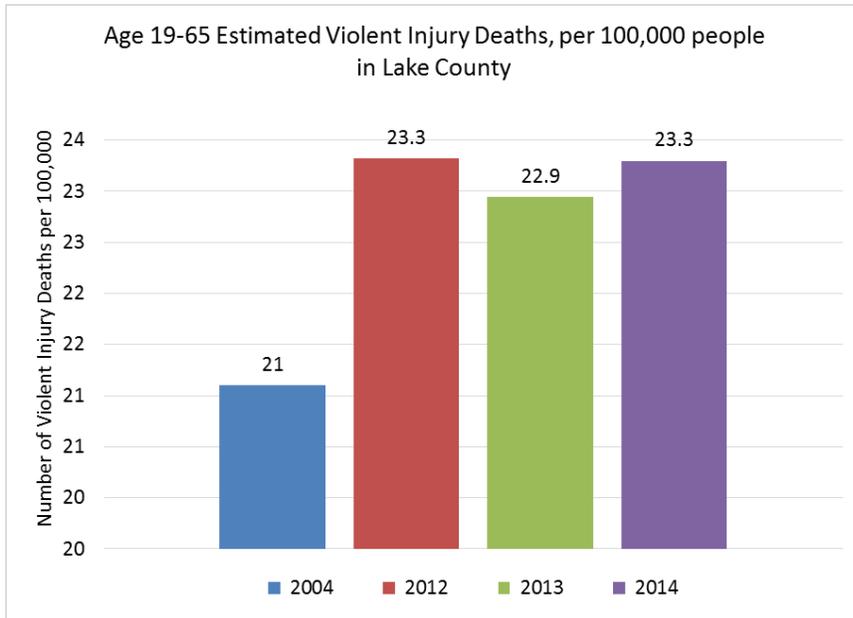
Estimating the Scale of the Problem in Lake County

Across all age groups, WISQARS data shows that for the ten-year period between 2004-2014, violent injury deaths in Lake County rose from approximately 16 to 18 per 100,000 residents.

Violent Injury Deaths, All Ages Lake County, 2004-2014				
Year	2004	2012	2013	2014
Number per 100,000 residents	16.4	17.9	17.8	18.2

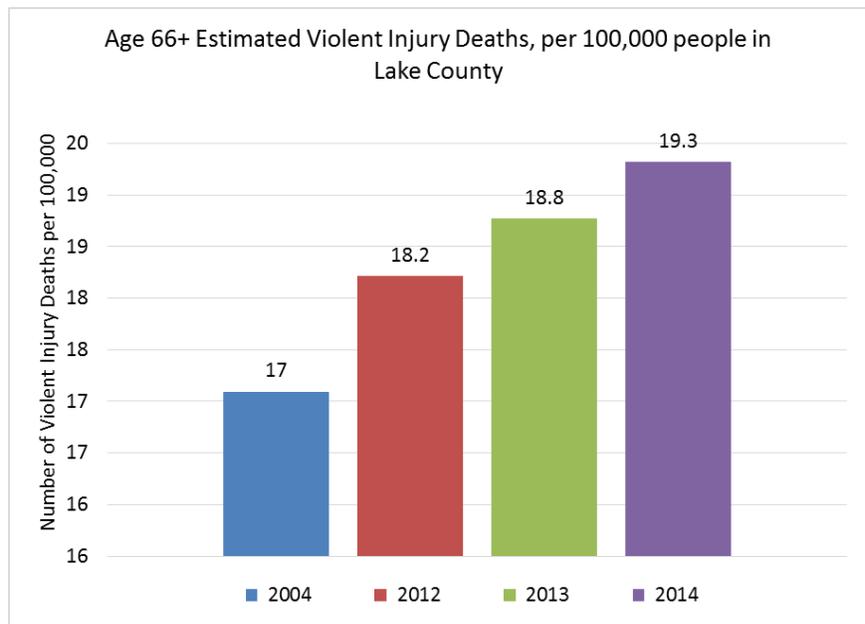
According to WISQARS, in the ten-year period between 2004-2014, the estimated violent injury deaths declined from 17 to 4.2 per 100,000 people ages 0-18 in Lake County. The trend in the last three-year period holds almost steady, declining slightly from 4.2 to 4.1 violent injury deaths per 100,000 from 2012-2013, and rising slightly again to 4.2 violent injury deaths per 100,000 Lake County citizens ages 0-18 in 2014.



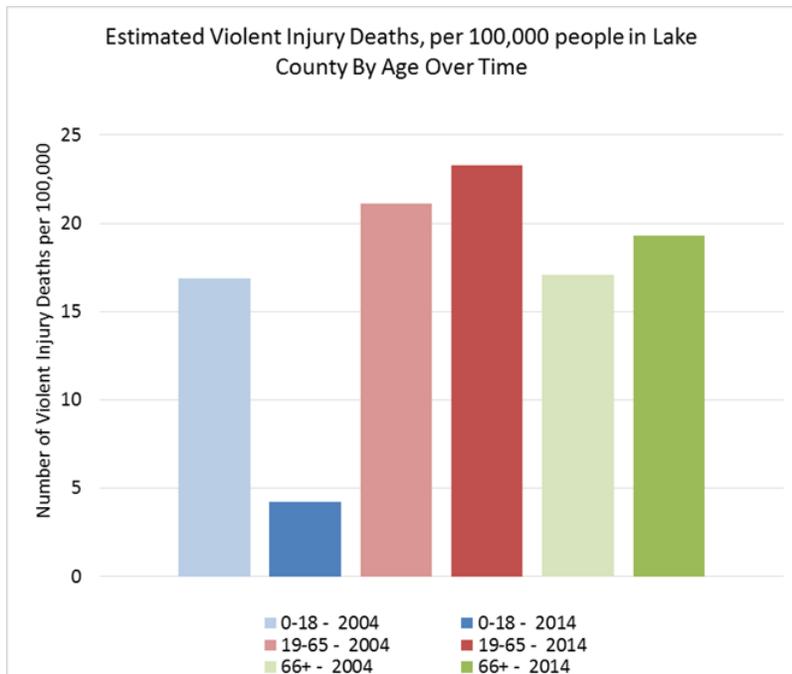


The WISQARS data shows an increase in estimated violent injury deaths among people ages 19-65 in Lake County, from 21 to 23.3 per 100,000 people between 2004-2012. The data also shows a slight decline to 22.9 violent injury deaths per 100,000 people in 2013, then rising back to 23.3 per 100,000 people ages 19-65 in Lake County in 2014.

Among Lake County citizens age 66 and over, estimated violent injury deaths per 100,000 people showed a slight increase from 2004-2012 from 17 to 18.2, followed by another increase to 18.8 in 2013 and a slight increase again to 19.3 in 2014. Overall, the trend increased from 17 violent injury deaths in 2004 to 19.3 violent injury deaths in 2014 per 100,000 Lake County citizens age 66 and over in the ten-year period between 2004-2014.



Overall, the WISQARS data indicates a mixed trend of decreasing and increasing violent injury deaths across age groups between 2004-2014. The most dramatic trend is the decrease among Lake County community members age 0-18, from 17 estimated violent injury deaths per 100,000 people in 2004 to 4.2 estimated violent injury deaths per 100,000 people in 2014. The other age groups show less dramatic, but increasing trends in the same ten-year period.



Strategic Questions

- What prevention strategies are relevant for this issue?
- What do data limitations suggest regarding changes in reporting systems, relationships, or accountability that can be promoted through advocacy efforts?
- Do differences in reporting systems at different levels of government impede closer understanding of the extent of the local problem?
- What community-wide data reporting solutions are prompted by these findings?

Recommendations

- Address fundamental needs of crime victims.
- Provide core direct services to victims of all crime types.
- Develop trauma-informed and trauma-focused services for victims of crime.
- Increase victim access to immediate services.
- Increase services for underserved victims of crime.

V. Reported Violence in Lake County

This section, “Reported Violence in Lake County,” includes data collected by federal and state offices. These figures are available by county and are actual counts of reported violence. The limited availability of reports of violence emphasizes the lack of available data and the need to make estimates based on extrapolation as included in Section IV of this report.

Uniform Crime Reporting (UCR) Program

Uniform Crime Reporting (UCR) data⁸⁴ is collected by the FBI down to the state and county/city level, and is generally regarded as a valid and reliable index of the types of crime residents view as serious events.

Violent Crime

Among Illinois metropolitan counties, Lake County reports among the highest levels of violent crime, with 75 offenses reported by the sheriff's office or county police department in 2014. Lake County ranks behind Cook (203), Will (145), Winnebago (126), Sangamon (117), St. Clair (98), and Champaign (87) Counties for violent crimes reported. Along with Lake County, Peoria County also reported 75 violent crimes.

Rape

In 2014, Lake County reported 24 rapes. Out of 34 metropolitan counties in Illinois, only three other metropolitan counties reported more rapes: Cook (31), Will (31) and Winnebago (25) Counties.

Aggravated Assault

Lake County reported 36 aggravated assaults in 2014. Among Illinois' 34 metropolitan counties, only these counties reported more aggravated assaults: Cook (128), Will (91), Sangamon (89), Winnebago (80), St. Clair (63), Champaign (61), Peoria (54), Kane (50), Madison (48), McHenry (44), Rock Island (41).

ILLINOIS Offenses Known to Law Enforcement by Metropolitan and Nonmetropolitan Counties, 2014 [The data shown in this table do not reflect county totals but are the number of offenses reported by the sheriff's office or county police department.]											
Data Declaration Download Excel Table 10 State Listing											
Metropolitan/Nonmetropolitan	County	Violent crime	Murder and nonnegligent manslaughter	Rape (revised definition)	Rape (legacy definition)	Robbery	Aggravated assault	Property crime	Burglary	Larceny-theft	Moto vehicle theft
Metropolitan Counties	Alexander	15	0	2		0	13	41	15	22	4
	Champaign	87	4	14		8	61	550	195	332	23
	Clinton	5	0	1		0	4	106	24	77	5
	Cook	203	0	31		44	128	1,074	289	693	92
	De Kalb	10	0	1		0	9	163	18	143	2
	De Witt	5	0	3		0	2	33	17	13	3
	Dupage	47	1	6		5	35	736	143	564	29
	Ford	10	0	0		1	9	90	28	61	1
	Henry	3	0	0		0	3	72	25	43	4
	Jackson	28	1	7		4	16	195	73	111	11
	Jersey	9	0	7		0	2	114	32	80	2
	Kane	73	0	14		9	50	389	119	251	19
	Kankakee	49	5	9		7	28	361	126	210	25
	Kendall	25	0	4		1	20	226	65	154	7
	Lake	75	0	24		15	36	1,387	385	946	56
	Macon	22	1	0		3	18	295	66	226	3

Macoupin	4	0	0	0	4	190	65	121	4
Madison	57	0	8	1	48	538	169	332	37
Marshall	2	0	0	0	2	40	23	17	0
McHenry	64	0	17	3	44	453	107	346	0
McLean	25	0	5	1	19	177	62	109	6
Menard	5	0	2	0	3	31	9	21	1
Monroe	2	0	1	1	0	46	15	31	0
Peoria	75	0	7	14	54	744	196	515	33
Piatt	19	0	4	2	13	67	25	40	2
Rock Island	47	0	4	2	41	231	46	181	4
Sangamon	117	1	18	9	89	572	170	358	44
Stark	3	0	0	0	3	72	29	41	2
St. Clair	98	3	19	13	63	510	181	279	50
Tazewell	27	0	6	0	21	210	61	145	4
Vermilion	61	0	17	5	39	486	170	301	15
Will	145	3	31	20	91	1,002	346	591	65
Williamson	15	1	5	1	8	253	85	154	14
Winnebago	126	4	25	17	80	789	287	456	46

Illinois State Police Data

According to Illinois State Police data⁸⁵, Lake County reported 12,077 total index crime offenses in 2014, or 1,712.6 total index crime offenses per 100,000 people. These included 13 criminal homicides (1.8 per 100,000), 145 rapes (20.6 per 100,000), and 599 aggravated assaults/batteries (84.9 per 100,000). The Illinois State Police reports 1,441 domestic offenses in Lake County in 2014, two hate crimes in 2014, and under the category of human trafficking, zero sex acts and acts of servitude.



Index Crime Offenses/Crime Rate Comparison 2014/2013

Year	Total Index Crime Offenses	Criminal Homicide	Rape*	Robbery	Agg Assault Agg Battery	Burglary	Theft	Motor Vehicle Theft	Arson	Human Trafficking Sex Acts	Servitude
2014	12,077	13	145	275	599	2,020	8,621	299	105	0	0
2013	13,131	15	147	349	589	2,334	9,359	271	67	Not Collected in 2013	
2014	(1,712.6)	(1.8)	(20.6)	(38.0)	(84.9)	(286.4)	(1,222.5)	(42.4)	(14.9)	(0.0)	(0.0)
2013	(1,867.8)	(2.1)	(20.9)	(49.6)	(83.8)	(332.0)	(1,331.3)	(38.5)	(9.5)	Not Collected in 2013	

Rate per 100,000 is in parentheses.

Domestic Offenses Reported 2014/2013

Year	Domestic Offenses
2014	1,441
2013	1,637

Hate Crime Offenses Reported 2014/2013

Year	Hate Crime
2014	2
2013	2

School Incidents Reported 2014/2013

Year	School Incidents
2014	197
2013	Not Collected in 2013

While the latest data from 2015⁸⁶ shows an overall continued trend in the decline in Index Crimes, there are some increases in Rape, Domestic Offenses Reported, and Hate Crime Offenses Reported.

Index Crime	2015	Updated 2014 figures	2014
Total Index Crime Offenses	11,323	12,300	12,077
Rape	155	151	145
Domestic Offenses Reported 2015/2014	1,554	1,462	1,441
Hate Crime Offenses Reported 2015/2014	6	2	2

Landmark research on motivations for hate crimes suggests thrill-seeking (usually committed out of boredom and excessive alcohol use); defensive (protecting one's turf); retaliatory (revenge-seeking); and the deadliest and rarest type, mission offenders (the manifesto writer).⁸⁷

Strategic Questions

- What prevention strategies are relevant for these issues?
- What do data limitations suggest regarding changes in reporting systems, relationships, or accountability that can be promoted through advocacy efforts?
- Do differences in reporting systems at different levels of government impede closer understanding of the extent of the local problem?

Recommendations

These recommendations are based on the research by Levin and McDevitt **mentioned above**.⁸⁸

- Promote a statement from public officials denouncing hate crimes and the beliefs that inspire them.
- Communities promote that they value those harmed by hate crimes, making clear that they do not share the animosity that triggers hate crimes.

VI. Conclusion

This report illustrates a broad landscape of violence incidence and prevalence in Lake County. Its mixed methods approach utilizes quantitative epidemiologic data from local, state and national sources regarding the current state of violence in Lake County.

Even given the many data inconsistencies throughout this report, in general, violence in Lake County demonstrates a downward trend. Exceptions may be in homicides: CDC shows a slight rise in violent injury deaths,⁸⁹ however Illinois State Police shows a slight decrease.⁹⁰ Likewise, regarding assault: Illinois State Police shows a slight increase,⁹¹ while CDC shows a decrease.⁹² Similarly, incidents of elder abuse have increased. Conflicting data render these trends hard to determine accurately, but the overall landscape painted by the data demonstrates decreasing trends.

At the same time, the data show that Lake County experiences high levels of violence as compared with other Illinois metropolitan counties, as illustrated by the Illinois State Police data described in this report.⁹³

VII. Strategic questions about data reporting, and advocacy and program implications

In moving forward to support better reporting systems and identify implications for advocacy and programs, some critical questions about conditions and systems may be considered:

- What prevention strategies are relevant for each issue?
- What approaches are making a difference and lead to reduced incidence? Where can The Partnership learn lessons, share strategies, and create greater impact both within Lake County and perhaps in other counties?
- What other contributing conditions exist that may create the context for reduced incidence of assault or abuse?
- What conditions contributed to the recently reported increase in domestic violence-related homicides? What opportunities for response are indicated?
- What conditions contributed to the increase in elder abuse? Does the increase reflect a trend toward a new norm that softens resolve against this category of abuse? Do increased reports reflect greater awareness and willingness to report?
- Have there been changes in reporting protocols (metrics, frequency, manner) over the reporting periods shown that create an inexact picture of improved conditions in Lake County?
- What guidance do trend lines in currently available data provide in considering program responses and advocacy planning?
- What do data limitations suggest regarding changes in reporting systems, relationships, or accountability that can be promoted through advocacy efforts?
- Do differences in reporting systems at different levels of government impede closer understanding of the extent of the local problem?
- What community-wide data reporting solutions are prompted by these findings?
- What are the capacity issues for The Partnership and its individual members' needs for development, infrastructure, communications, and other concerns?

VIII. Recommendations

Recommendations for further action based on this Violence Report are expected to emerge from The Partnership for a Safer Lake County's review committee; however, Leading Healthy Futures has included some possible paths of action below building on national models that justify a multi-dimensional approach to violence prevention and treatment.

The CDC uses a four-level social-ecological model (SEM) to better understand and prevent violence that echoes elements of the approaches above, especially around addressing the needs of individuals and the needs of systems that support their safety. This model spells out factors that put people at risk for or protect them from experiencing or perpetrating violence. Their tool, *The Social-Ecological Model: A Framework for Violence Prevention*, identifies four levels – individual, relationship, community, and societal – that can be thought of as a level of influence and a key point for prevention. The model identifies risk factors and policy areas to increase protective factors at each level. Addressing key issues related to the fundamental description of the problem at each level – data collection and reporting as discussed in this report – can contribute to developing solutions, identifying funding opportunities, and strengthening relationships among allies.⁹⁴

Recommendations for Improved Monitoring

A primary challenge throughout the process of violence data collection for this Violence Report was the obstacles to collecting consistent, uniform violence data across multiple surveillance systems and agencies. Namely, different agencies and systems define and classify data differently, and data is prone

to underreporting and over reporting, as described in detail within the Background section of this report. The result is conflicting statistics that are impossible to aggregate.

One possible path for The Partnership to pursue is research into whether more centralized data collection efforts are underway in Illinois or nationwide at the county level. Such efforts would produce more accurate data that would be easily aggregated and translated for advocacy purposes; therefore, would serve as a valuable model for Lake County to emulate. The Partnership could mount an effort to advocate in Springfield for funds to create such a centralized surveillance system/database, or could otherwise raise money to support this work.

As part of this effort, The Partnership could:

- Build consensus among Partnership members for shared accountability standards and principles and practices for improved monitoring of relevant indicators;
- Identify opportunities to advocate for regular reporting and release of data to The Partnership from monitoring entities;
- Identify leadership for improved monitoring activities among The Partnership;
- Develop activities including training, collaboration, and standardized quarterly meeting action steps to analyze and respond to emerging trends in reported data that may include developing or enhancing service changes that may result from external impacts such as increased incidences or funding cuts; and
- Conduct a county-wide survey to capture the experiences of people who have been affected by violence. While such a survey would not measure actual levels of violence, it would reach all socio-economic groups and would provide valuable insight into the impact of interpersonal violence in Lake County and the perceived effectiveness and availability of services. Such a report would also aid The Partnership in tailoring its efforts to address violence across Lake County.

With a centralized process in place, Lake County would be able to more accurately represent the scale of the problem of violence in the community and would subsequently be prepared to mount the most appropriate response to violence for the welfare of its citizens.

Recommendations for Community-Level Interventions

Although overall the local incidence of violence in Lake County is dropping in tandem with national trends, it ranks high among or higher than other metropolitan counties in Illinois on several indicators. Therefore, this report supports a Call to Action to address how to bring Lake County into line with other counties so it does not rank among metropolitan counties in Illinois for highest levels of violence prevalence.

Community-Level interventions could include:

- Research regarding whether declining violence rates are at least somewhat attributable to current violence interventions in Lake County. If the research supports this hypothesis, The Partnership could advocate for:
 - Support to evaluate and better understand effective program approaches to make optimal use of limited funds; and
 - Increased support for current successful interventions;
- Collaborative planning among Partnership members to support a deeper continuum of care as a part of a master plan to build a safer Lake County, based on the available data.

- This could include development and enhancement of age-related support interventions that reflect the assets of The Partnership's members.
- Processes may include:
 - Identification of experts,
 - Development of knowledge base,
 - Development of agency trainings,
 - Creation of a community of practice for a variety of purposes including learning what works at scale, and
 - Dissemination of best practices state- or nationwide via conferences and/or publications.
- Elements of a master plan may include:
 - A statement from public officials denouncing hate crimes and the beliefs that inspire them;
 - Statements from communities that they value those harmed by hate crimes, making clear they do not share the animosity that triggers hate crimes.

Recommendations for Multi-Dimensional Strategies

This report includes multi-dimensional strategies that touch a variety of systems including government and local providers. A key source used for this report identifies strategies that can be funded by the Violence Against Women Act (VAWA) and Victim of Crime Act (VOCA); it was based on committee input and published by the Illinois Criminal Justice Information Authority in 2017.⁹⁵ These recommendations emphasize strategies that align with the mission of The Partnership and underscore the fundamental need for improved data collection and reporting and community-level interventions as described above. In addition, feedback from the Partnership enhanced these recommendations by including prevention strategies to reduce incidences of violence.

Promote Prevention

1. The goal of public health is to prevent violence from occurring in the first place. A comprehensive violence prevention plan that includes LGBTQ individuals will assist in furthering a comprehensive understanding of intimate partner violence, sexual violence, and stalking.
2. Provide training to professionals, community members and front-line providers on preventing, recognizing, responding to and reporting abuse for every affected population at every age.
3. Empower caregivers including teachers, medical personnel and law enforcement to have conversations with potential victims and their caregivers that can contribute to protecting potential victims from harm.

Promote Awareness and Access

4. Raise the public's awareness of victim services, including those for adults with disabilities, children, survivors of domestic violence, the elderly population, and the LGBTQ community.
5. Increase victim access to immediate services.
6. Increase services for underserved victims of crime.

Address Core Needs

7. Address fundamental needs of crime victims.
8. Provide core direct services to victims of all crime types.

Offer Victim-Centered and Trauma-Informed Services

9. Develop and expand programs that address the impact of multiple victimization experiences.
10. Offer multidisciplinary responses to victimization.
11. Develop trauma-informed and trauma-focused services for victims of crime.
12. In order to address the burden of domestic violence among the LGBTQ population, laws that protect victims of domestic violence could explicitly include members of the LGBTQ community.

Fill Key Gaps

13. Address long-term victim needs, such as counseling and mental health services.
14. Develop programs that specifically address needs of individuals exposed to community violence.

Strengthen Implementation, Outcomes, Sustainability

15. Use evidence-informed (or promising) and evidence-based practices and programming.
16. Improve data collection and reporting, document victim outcomes, facilitate program evaluation, and increase knowledge of victimization and service provision in Illinois.

Support Law Enforcement

17. Train officers to accurately identify and document offenses in human trafficking.
18. Support investigations into human trafficking.

IX. Appendices

Appendix 1: List of Members of The Partnership for a Safer Lake County

Members as of January 2017: Organizations and Individuals

Dr. Alice J. McGowan
A Safe Place
Advocate Condell Medical Center
Catholic Charities of the Archdiocese of Chicago
Lake County Services
Charlene D. Quint, Counselor at Law, LLC
College of Lake County
Community Youth Network
Farmworker & Landscaper Advocacy Project (FLAP)
Highland Park Highwood Legal Aid Clinic
Illinois Fire Chiefs Association
Jamie Kephart
Jewish Child & Family Services
Jewish Coalition Against Sex Trafficking (JCAST) Chicago
Kelly Rose
Lake County Health Department and Community Health Center
Lake County Office of Education
Lake County Sheriff's Office
Lauri Halbeck, LCSW
Mano a Mano Family Resource Center
Most Blessed Trinity - Community Social Services (CSS)
Mothers on a Mission to Stop Violence (MOMSV)
Mother's Trust Foundation
National Council of Jewish Women (NCJW) Chicago North Shore Section
Nicasa Behavioral Health Services
Noah's Rest, Inc.
Prairie State Legal Services, Inc.
SHALVA
Stepping Stones Network
The Schmeissing Allstate Agency
United Way Lake County
US Transgender Advocacy
YWCA Lake County
Zacharias Sexual Abuse Center

Appendix 2. Find Help Lake County

Find Help Lake County is the only single point of access that connects Lake County, IL residents with local, non-profit health and human service providers that address the physical, emotional, mental, economic, social well-being, and educational needs of individuals in the Lake County community. Information on services can be found in the Find Help Lake County Guide and in the online searchable database, www.FindHelpLakeCounty.org.

The Find Help Lake County Guide is intended to help individuals in need obtain basic information about available local services. The guide includes information on the types of service available, the programs and contact phone numbers for the services, and local agency phone numbers and websites. Annually 20,000 guides are printed in English and Spanish. Information on the website is translatable into eight languages. United Way of Lake County manages Find Help with the support of the Lake County Government and corporate sponsors.

This Appendix is a partial list of organizations relevant to the issues discussed in this report. Refer to www.FindHelpLakeCounty.org to search for current programs and contact information on issues including Crisis Help, Abuse, Domestic Violence, Elder/Disabled Abuse, Sexual Abuse, Human Trafficking, Child Abuse.

Organization	Website
A Safe Place	http://www.asafeplaceforhelp.org/
Advocate Condell Medical Center	https://www.advocatehealth.com/condell/health-services/advocate-condell-outpatient-services/gurnee
Arden Shore Child & Family Services	http://ardenshore.com/home.aspx
CASA (Court Appointed Special Advocates) Lake County	http://casalakecounty.com/
Catholic Charities of the Archdiocese of Chicago	http://www.catholiccharities.net/GetHelp/OurRegions/LakeCounty.aspx
Catholic Charities Senior Services – Lake County	http://www.catholiccharities.net/AboutUs/ServiceAreas/SeniorServices.aspx
Lake County Services	http://www.lakecountyil.gov/35/Services
College of Lake County	http://www.clcillinois.edu/
Community Youth Network	http://www.cyngrayslake.org/
Counseling Connections	http://www.counselingconnections.net/pages/Counseling_Connections
Farmworker & Landscaper Advocacy Project (FLAP)	http://www.flapillinois.org/
Fleet and Family Support Center Great Lakes	https://www.cnic.navy.mil/regions/cnrma/installations/ns_great_lakes/ffr.html
Gay/Straight Alliance – Illinois Safe Schools	http://www.illinoisafeschools.org/gsa-network/
Highland Park Highwood Legal Aid Clinic	http://www.hphlegalaid.org/
Illinois Department of Human Services	http://www.dhs.state.il.us/page.aspx?item=72594
Jewish Child & Family Services	http://www.jcfs.org/
Jewish Coalition Against Sex Trafficking (JCAST) Chicago	http://www.jcastchicago.org/

Organization	Website
Lake County Children’s Advocacy Center	https://lakecountyil.gov/2066/Childrens-Advocacy-Center
Lake County Health Department and Community Health Center	https://www.lakecountyil.gov/148/Health-Department-Community-Health-Cente
Lake County Office of Education	http://www.lake.k12.il.us/175/Regional-Office-of-Education
Mano a Mano Family Resource Center	http://www.manoamanofamilyresourcecenter.org/
Most Blessed Trinity – Community Social Services	http://houseofpeaceshelter.org/
Mothers on a Mission to Stop Violence (MOMSV)	http://momsv.org/
Mother’s Trust Foundation	http://motherstrustfoundation.org/
National Council of Jewish Women (NCJW) Chicago North Shore Section	https://ncjwcns.org/
Nicasa Behavioral Health Services	http://nicasa.org/
Noah’s Rest, Inc.	http://www.noahsrest.org/
One Hope United	https://onehopeunited.org/
Parents and Friends of Gays and Lesbians (PFLAG) of Northern Lake County (Deerfield Chapter, McHenry County Chapter)	http://www.pflagillinois.org/
Prairie State Legal Services, Inc.	http://www.pslegal.org/
Prevent Child Abuse Illinois	http://www.preventchildabuseillinois.org/
Pride Alliance at College of Lake County	http://www.clcillinois.edu/campus-life/student-organizations/clubs/pride-alliance
Salvation Army Stop-it Program	http://salarmychicago.org/stopit/
SHALVA	http://shalvaonline.org/
Stepping Stones Network	http://steppingstonesnetwork.org/
United Way Lake County	https://www.liveunitedlakecounty.org/
US Transgender Advocacy	http://www.ustransgenderadvocacy.org/
YWCA Lake County	http://www.ywcalakecounty.org/site/c.9oJILSPyFdJQG/b.9459587/k.BF84/Home.htm
Zacharias Sexual Abuse Center	http://zcenter.org/

Appendix 3: Literature Review on Measuring County-Level Violence

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Overview

This literature review was conducted to inform an approach to assessing the rates and types of violence that occur in Lake County, Illinois. The Partnership for a Safer Lake County (Partnership), with financial support from the Lake County Community Foundation was formed in 2015 to creating a multi-faceted human abuse network to combat child abuse, elder abuse, sexual assault, human trafficking, LGBTQ crimes, domestic violence, and more. The Partnership seeks an assessment to inform its intervention strategies and to raise awareness regarding this significant, often under-recognized cause of human suffering and death.

Key Findings

Examining the violence-related data gathering efforts across various US and international geographic regions reveals that no comprehensive, single system exists to capture all instances of violence in a community.

One of the major obstacles to determining the level of violence in a society is the quality and nature of violence statistics available. Violence statistics depend upon reporting; however, underreporting of violence remains a significant barrier. On the flip side, double-counting can also occur when different reporting methodologies include the same case.

In general, most cities, counties, states and countries use a mixed methods approach to quantify violence levels. These include epidemiological surveillance systems, police reports, hospital reports, mortality statistics, statistics related to use of services, and random sample violence population surveys.

Recommended Approach for 2017

For The Partnership’s requested report, to be completed on a modest budget by Spring 2017, Leading Healthy Futures will evaluate the data sources described below to identify an optimal combination of quantitate and qualitative descriptions of the state of violence in Lake County. Leading Healthy Futures will utilize these data sources to develop a report with conclusions that can be drawn based on this information, along with recommendations for future interventions and data gathering.

Existing Data Sources and Recognized Methods

Population Surveys

Victimization surveys, which provide information on the percentage of the population that has been a victim of violent and other crimes, have a low rate of underreporting, and as such are an important tool for measuring violence (although, for obvious reasons, they are not the best tool to measure homicide rates).

National Crime Victimization Survey

The Bureau of Justice Statistics' (BJS) National Crime Victimization Survey (NCVS) is the nation's primary source of information on criminal victimization. Each year, data are obtained from a nationally

representative sample of about 90,000 households, comprising nearly 160,000 persons, on the frequency, characteristics, and consequences of criminal victimization in the United States. The NCVS collects information on nonfatal personal crimes (rape or sexual assault, robbery, aggravated and simple assault, and personal larceny) and household property crimes (burglary, motor vehicle theft, and other theft) both reported and not reported to police. Survey respondents provide information about themselves (e.g., age, sex, race and Hispanic origin, marital status, education level, and income) and whether they experienced a victimization. For each victimization incident, the NCVS collects information about the offender (e.g., age, race and Hispanic origin, sex, and victim-offender relationship), characteristics of the crime (including time and place of occurrence, use of weapons, nature of injury, and economic consequences), whether the crime was reported to police, reasons the crime was or was not reported, and victim experiences with the criminal justice system. The data is aggregated at the national level only.

[National Intimate Partner and Sexual Violence Survey](#)

CDC's National Center for Injury Prevention and Control launched the National Intimate Partner and Sexual Violence Survey in 2010 with the support of the National Institute of Justice and the Department of Defense to address these gaps. The National Intimate Partner and Sexual Violence Survey is an ongoing, nationally representative random digit dial (RDD) telephone survey that collects information about experiences of sexual violence, stalking, and intimate partner violence among non-institutionalized English and/or Spanish-speaking women and men aged 18 or older in the United States. NISVS provides detailed information on the magnitude and characteristics of these forms of violence for the nation and for individual states.

[National Violence Against Women Survey](#)

The survey, which was conducted from November 1995 to May 1996, consisted of telephone interviews with a nationally representative sample of 8,000 U.S. women and 8,000 U.S. men about their experiences as victims of various forms of violence, including intimate partner violence. The survey compared intimate partner victimization rates among women and men, specific racial groups, Hispanics and Non-Hispanics, and same-sex and opposite-sex cohabitants. It also examined risk factors associated with intimate partner violence, the rate of injury among rape and physical assault victims, injured victims' use of medical services, and victims' involvement with the justice system.

[National Survey of Children's Exposure to Violence](#)

The National Survey of Children's Exposure to Violence III was designed to obtain lifetime and one-year incidence estimates of a comprehensive range of childhood victimizations across gender, race, and developmental stage. Conducted between August 2013 and April 2014, it assessed the experiences of a nationally representative sample of 4,000 children less than 18 years of age living in the contiguous United States (excluding New Hampshire). Data is aggregated at the national level.

A short interview was conducted with an adult caregiver (usually a parent) to obtain family demographic information. One child was randomly selected from all eligible children in a household by selecting the child with the most recent birthday. If the selected child was 1 month to 9 years old, the main interview was conducted with the caregiver. If the selected child was 10-17 years old, the main interview was conducted with the child.

The NatSCEV III questionnaire was very similar to the previous wave minus the extended family exposure to violence follow-up section that was included in NatSCEV II. The questionnaire asked for household demographics and questions about the focal child's health. A series of 52 juvenile victimization screening

questions (JVQ) were asked, and for every screener the respondent endorsed, a series of follow-up questions about that victimization was asked. In addition, the survey included sections on lifetime and past year adversity, internet victimization, community disorder, bullying, delinquency, and the child/parent relationship.

Epidemiological Surveillance Systems

National Vital Statistics System

Mortality data—Information reported on death certificates, which are completed by funeral directors, attending physicians, medical examiners, and coroners, is presented in descriptive tabulations. The original records are filed in state registration offices. Statistical information is compiled in a national database through the Vital Statistics Cooperative Program of the National Center for Health Statistics. Causes of death are processed in accordance with the International Classification of Diseases, Tenth Revision. Data is aggregated on the national and state level.

Uniform Crime Reporting (UCR) Program

The Uniform Crime Reporting (UCR) Program was conceived in 1929 by the International Association of Chiefs of Police to meet a need for reliable, uniform crime statistics for the nation. In 1930, the FBI was tasked with collecting, publishing, and archiving those statistics. Today, several annual statistical publications, such as the comprehensive *Crime in the United States*, are produced from data provided by nearly 17,000 law enforcement agencies across the United States. The *County Health Rankings* use data from the County-Level Detailed Arrest and Offense Data report.

Uniform Crime Reporting (UCR) data is generally regarded as a valid and reliable index of the types of crime residents view as serious events. UCR data has been criticized on the grounds that it measures the reaction of law enforcement agencies rather than criminal behavior itself; however, for serious crimes such as homicide and robbery, studies have found that the data appear to accurately reflect rates.

Web-based Injury Statistics Query and Reporting System

CDC's WISQARS™ (Web-based Injury Statistics Query and Reporting System) is an interactive, online database that provides fatal and nonfatal injury, violent death, and cost of injury data from a variety of trusted sources. Researchers, the media, public health professionals, and the public can use WISQARS™ data to learn more about the public health and economic burden associated with unintentional and violence-related injury in the United States. Data sources include the National Electronic Injury Surveillance System (NEISS), CDC Wonder mortality data, and the National Violent Death Reporting System.

National Electronic Injury Surveillance System

The nonfatal injury data used in WISQARS Nonfatal are obtained from an expansion of the National Electronic Injury Surveillance System (NEISS) operated by the U.S. Consumer Product Safety Commission (CPSC). The expanded system, called the NEISS All Injury Program (NEISS-AIP), began on July 1, 2000, and collects data about all types and external causes of non-fatal injuries and poisonings treated in U.S. hospital emergency departments (EDs). The NEISS All Injury Program (NEISS-AIP) is a collaborative effort by the National Center for Injury Prevention and Control (NCIPC) and CPSC.

In the year 2000, NEISS collected information from a nationally representative sample of 100 U.S. hospital emergency departments. The NEISS hospitals are a stratified probability sample of all U.S. hospitals (including U.S. territories) that have at least six beds and provide 24-hour emergency services. The NEISS-

AIP data are collected at 66 of the 100 NEISS hospitals, which represent the nation's range of hospital settings. NEISS and NEISS-AIP hospitals include very large inner-city hospitals with trauma centers as well as large urban, suburban, rural, and children's hospitals.

[CDC Wide-ranging Online Data for Epidemiologic Research \(Wonder\) Mortality Data](#)

Underlying Cause of Death Database

The Underlying Cause of Death database contains mortality and population counts for all U.S. counties. Data are based on death certificates for U.S. residents. Each death certificate identifies a single underlying cause of death and demographic data. The number of deaths, crude death rates or age-adjusted death rates, and 95% confidence intervals and standard errors for death rates can be obtained by place of residence (total U.S., region, state and county), age group (single-year-of age, 5-year age groups, 10-year age groups and infant age groups), race, Hispanic ethnicity, gender, year, cause-of-death (4-digit ICD-10 code or group of codes), injury intent and injury mechanism, drug/alcohol induced causes and urbanization categories. Data are also available for place of death, month and week day of death, and whether an autopsy was performed.

Compressed Mortality Data

The Compressed Mortality data include mortality and population counts for all U.S. counties for the years 1968 to 2012. Counts and rates of death can be obtained by underlying cause of death, state, county, age, race, sex, and year.

Multiple Cause of Death Data

The Multiple Cause of Death data available on CDC WONDER are county-level national mortality and population data. Data are based on death certificates for U.S. residents. Each death certificate contains a single underlying cause of death, up to twenty additional multiple causes, and demographic data. The number of deaths, crude death rates and age-adjusted death rates can be obtained by place of residence (United States national, state, and county), age group, race, Hispanic ethnicity, gender, year and month of death, weekday of death, place of death, autopsy status, and underlying and multiple cause of death (4-digit ICD-10 codes, 113 selected causes of death, 130 selected causes of death for infants, injury causes, or drug/alcohol induced causes of death). Two archive datasets offer subsets of these data.

Linked Birth / Infant Death Records

This data collection provides counts and rates for deaths of children under 1 year of age, occurring within the United States to U.S. residents. Information from death certificates has been linked to corresponding birth certificates. Data are available by county of mother's residence, child's age, underlying cause of death, gender, birth weight, birth plurality, birth order, gestational age at birth, period of prenatal care, maternal race and ethnicity, maternal age, maternal education and marital status. The data are produced by the National Center for Health Statistics.

[National Violent Death Reporting System](#)

The National Violent Death Reporting System (NVDRS) provides states and communities with a clearer understanding of violent deaths to guide local decisions about efforts to prevent violence and track progress over time. Created in 2002, NVDRS is a surveillance system that pulls together data on violent deaths in 40 states, the District of Columbia, and Puerto Rico, including information about homicides. Data is available online to the general public through CDC's WISQARS (Web-based Injury Statistics Query and Reporting System).

NVDRS is the only state-based surveillance (reporting) system that pools data on violent deaths from multiple sources into a usable, anonymous database. These sources include state and local medical examiner, coroner, law enforcement, toxicology, and vital statistics records. NVDRS comprehensively covers all types of violent deaths—including homicides and suicides—in all settings and for all age groups. NVDRS may include data on mental health problems; recent problems with a job, finances, or relationships; physical health problems; and information about circumstances of death, such as homicides perpetrated by an intimate partner (e.g., boyfriend, girlfriend, wife, husband), child maltreatment (or child abuse) homicides, suicides, and deaths where individuals are killed by law enforcement in the line of duty. The system also collects data on unintentional firearm injury deaths and deaths of undetermined intent.

[National Human Trafficking Resource Center](#)

The NHTRC works closely with service providers, law enforcement, and other professionals in Illinois to serve victims and survivors of trafficking, respond to human trafficking cases, and share information and resources. The NHTRC maintains one of the most extensive data sets on the issue of human trafficking in the United States. The statistics contained on this website are based on aggregated information learned through signals -- phone calls, emails, and online tip reports -- received by the hotline. The data do not define the totality of human trafficking or of a trafficking network in any given area. The NHTRC uses this data to help human trafficking victims and survivors and to provide the anti-trafficking field with information to help combat all forms of human trafficking. Data is extremely limited and generalized.

[Local Data](#)

1. Police Report
2. Hospital Data, including ED visit rates due to violence and hospital discharge rates due to violence.
3. Use of violence-related services (psychological support, shelters, etc.)
4. Referrals to violence-related services

Mapping systems provide a crucial step to utilization of local data. Information sources may be located within the criminal justice system, the child welfare system, recovery, reintegration, or psychological support services providers, schools, and hospitals. Information sources may also be classified according to whether they are found at the local, district, regional or central level. Identifying individuals that can act as information sources within a relevant body or institution can be particularly valuable for ensuring consistency and quality of information.

In order to map the connections between the various aspects of the systems, it is helpful to consider which body or institution a victim of violence might come into contact with first and then move forwards and outwards to identify how, and via which route, the victim may come into contact with other relevant systems. The end result will be a system map that charts the possible routes an individual may take through a particular regional system. The map can then be used to identify key information sources and to mark those child populations that will be used for measuring the indicators.

[Calculation of the Number of Healthy Years of Life Lost as a Result of Violence](#)

Perhaps the most comprehensive and rigorous method used to determine the magnitude of violence is to calculate the number of healthy years of life lost as a result of violence. Unlike homicide rates, the advantage of this measure is that it not only takes deaths into account but also disability and morbidity resulting from violence. Calculating healthy years of life lost is complex and costly.

Methodological Difficulties in Data Gathering

Underreporting

Morbidity and mortality indicators are prone to underreporting for a variety of reasons. In instances where births have not been registered—in cases of illegal immigration or trafficking—it is highly unlikely that deaths or injuries will be registered. In other instances, deaths caused by violence may be inappropriately classified as accidental deaths. Similarly, hospital visits for injuries due to assaults may be misattributed as injuries due to accidents. In remote rural areas, people will be less likely to visit a hospital even if they have been seriously injured due to an assault.

Inconsistencies in Definitions, Classification, or Poor Data Quality

Even though violence may seem to be a simple concept to define, in reality, it can entail great complexity. For example, in the United States, statistics on homicide rates show a 9% difference between Federal Bureau of Investigation (FBI) figures and the number of death certificates processed by the Center for Disease Control (CDC). The basic reason for the difference lies in the fact that the FBI does not count as homicides any deaths resulting from application of the death penalty or confrontations with law enforcement authorities. The CDC, however, counts deaths resulting from either of these sources as homicides.

Inconsistencies in definitions can also lead to double-counting, such as an instance of counting an incident as both rape and intimate partner violence. Double-counting can also occur when using multiple data sources; for example, the same incident can be counted by an injury database and a mortality database, should the victim later die from his/her injuries. No methods to determine the extent of overlap in these cases, nor remedies to ameliorate these instances, appear in the literature.

Cost

Flat funding for epidemiological surveillance systems, or discontinued funding for some surveillance systems have compromised the quality and completeness of surveillance-based data gathering efforts. For example, the budget for CDC has decreased from a high of \$7.07 billion in fiscal year (FY) 2005 to \$6.34 billion in FY 2016, approximately \$600 million less than FY 2015.

The high cost involved in administering victimization surveys to a representative sample of the population at periodic intervals also presents barriers to violence data-gathering efforts.

Local data gathering efforts, such as for hospital data, would require substantial funds to acquire datasets such as from the Centers for Medicare & Medicaid Services, along with a partnership with a major academic or other institution with the software and tools needed to analyze such datasets.

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